

# MANAGED RISK MEDICAL INSURANCE BOARD



## RURAL HEALTH DEMONSTRATION PROJECTS

FACT BOOK 2007

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## EXECUTIVE SUMMARY

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The 2007 Managed Risk Medical Insurance Board (MRMIB) Rural Health Demonstration Projects (RHDP) Fact Book describes the history, funding, strategies, project solicitation, evaluation, and project outcomes for the RHDP. Data from monitoring reports, the Healthy Families Program (HFP) enrollment database, participating plan partners, and clinic/provider information are the sources of information used in the RHDP Fact Book.

### Purpose of the RHDP

The purpose of the RHPD is to fund collaborative health care networks participating in the HFP to:

1. Alleviate unique access problems to health, dental and vision care for HFP members living in rural communities, and
2. Address unique access problems to health, dental and vision care by special populations (children of migrant and seasonal farm workers, fishing and forestry workers and American Indians). Projects addressing the access problems of special populations can be located in both rural and urban areas.

The RHDP is designed to meet two goals:

1. To increase access to health care for HFP enrolled children, and
2. To provide short-term funding for projects that has the potential to be self-sustaining in the future.

### RHDP Projects

1. Two hundred and ninety-five (295) projects have been funded through the RHDP since state fiscal year (SFY) 1998-1999. Projects have been grouped into eight major categories:

- Extended/Additional Provider Hours
- Mobile Dental and Health Vans
- Increase Available Providers
- Rate Enhancements
- Telemedicine
- Mental Health and Substance Abuse Services
- Nutrition/Obesity Prevention, and
- Asthma Intervention.

## 2. Key Findings

Key findings include:

- **Sustainability** A substantial number of projects have been able to continue operations past the point of RHDP funding. The categories of projects with the percentages of projects continuing to operate include:

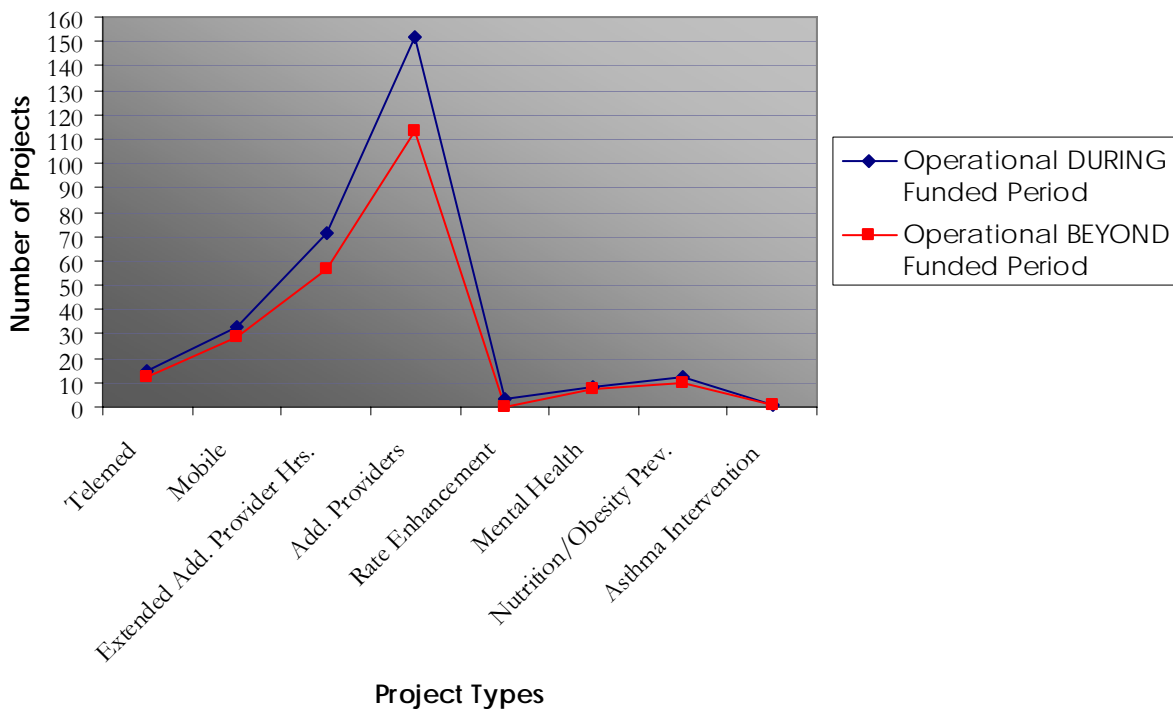
RHDP Category	Percent of Projects Continuing Operation
Extended Provider Hours	68%
Mobile Dental and Health Vans	88%
Additional Provider	69%
Telemedicine	75%
Nutrition and Obesity Prevention	

Chart A shows the sustainability of projects funded by the RHDP

**Chart A**

### **Sustainability 1998-2006**

(Total projects 295, 68% remained operational))



- Positive Outcomes Several positive outcomes have been noted in the rural areas of California as a result of the RHDP, including:

- ❖ Increase in patient visits
- ❖ Reduction in after-hours emergency room visits
- ❖ Improved access to specialty care
- ❖ More timely diagnosis and treatment
- ❖ Less subscriber travel to specialty centers
- ❖ Greater collaboration between physicians
- ❖ Increased access to:
  - Mental health and substance abuse services
  - Nutritional counseling and obesity prevention services
  - Individualized patient and parent asthma prevention education
  - Dental screening and treatment

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## HISTORY OF THE RURAL HEALTH DEMONSTRATION PROJECTS

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### LEGISLATION

The Healthy Families Program (HFP) was enacted by Assembly Bill 1126, Chapter 623, Statutes of 1997. The legislature authorized the Department of Health Services (DHS), the MRMIB, the County Medical Services Program Board, and the Rural Health Policy Council, to develop and administer demonstration project programs in rural areas and to focus on areas that contained a significant level of uninsured children, including seasonal and migratory workers' children. The demonstration projects could not be implemented until there was approval and funding by the federal government and the legislation was to become inoperative on July 1, 2003.

A State Plan Amendment (SPA) requesting funding for the RHDP was approved by the federal government in December 1999.

AB 1762, Chapter 230, Statutes of 2003 removed the 2003 ending date of the HFP and the RHDP.

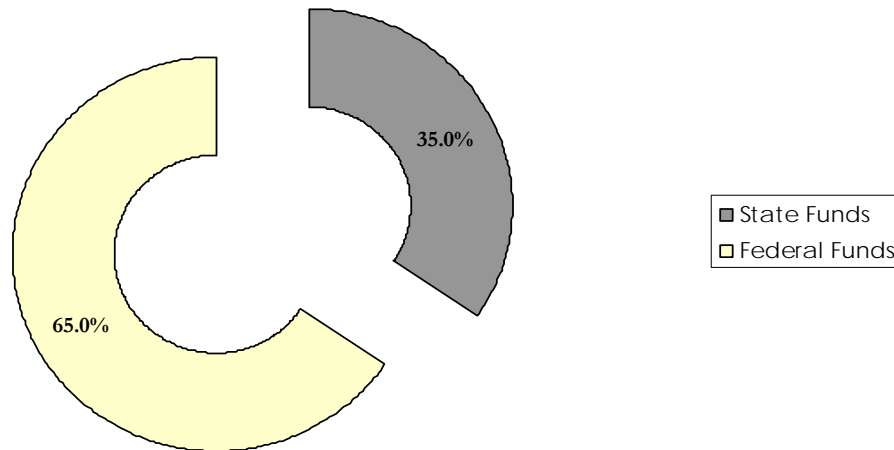
### RHDP FUNDING

Funding for the RHDP is allocated annually by the California Legislature and the Governor as part of the State Budget process. A corresponding federal government funding match is provided through the federal State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act. The state/federal funding for the RHDP is approximated thirty-five percent (35%) state funds and sixty-five percent (65%) federal funds. The history of the RHDP has shown that the volume of proposed projects always exceeds the amount of funding received by MRMIB.

Chart B illustrates the funding sources for the RHDP.

## CHART B

### RHDP Funding Sources Breakdown



There has been strong support from the Governor and the Legislature for the RHDP and its funding. The following highlights some of the different state fiscal year (SFY) funding that has been provided to the RHDP.

#### SFY 1999-2000

The 1999-00 Budget provided an augmentation to the Healthy Families Budget that allocated \$6 million to the RHDP with \$2.038 million coming from the General Fund and \$3.962 million coming from SCHIP Title XXI funds. The augmentation was for the development and enhancement of existing health care delivery networks through contract amendments with participating HFP health, dental and vision plans. This augmentation addressed geographic access barriers and access barriers for special population subscribers enrolled in the HFP.

#### SFY 2003-2004

Budgetary constraints led to the 2003-04 budget reducing the allocation to \$2.877 million, using \$1.047 million from the Cigarette and Tobacco Products Surtax Fund (Proposition 99), with the remaining funding coming from SCHIP Title XXI funds.

#### SFY 2004-2005

The 2003-2004 budget allocation of \$2.877 million was continued in the 2004-05 Budget.

#### SFY 2006-present

The Legislature provided an augmentation of \$2.877 million in the 2005-06 Budget

which brought the allocation for the RHDP to \$5.75 million. This augmentation for the RHDP was continued in the 2006-07 budget and is currently part of the base funding for the Healthy Families Program.

## **PLAN AND PROVIDER PARTICIPATION**

### **PLAN PARTICIPATION**

All health, dental, and vision plans participating in the Healthy Families Program (HFP) are eligible to participate in the RHDP. Six health plans and three dental plans have participated in the RHDP.

The health plans are:

- Blue Cross of California
- Inland Empire Health Plan
- Health Net of California
- Santa Barbara Regional Health Authority
- Health Plan of San Joaquin
- Sharp Health Plan

The dental plans are:

- Access Dental
- Premier Access
- Delta Dental

### **PROVIDER PARTICIPATION**

The RHDP would not be successful without the participation of the providers and their diligence in providing quality medical and dental care to HFP children. The providers:

- Know their communities;
- Live in the rural areas they serve;
- Understand the geographic isolation of their areas and the challenges that HFP families face in obtaining health and dental care in their communities;
- Observe first hand the disparities in health and dental care among minorities; and

- Analyze the need of HFP subscribers and based on that analysis:
  - ❖ Develop the RHDP proposals,
  - ❖ Plan the design of the projects, and
  - ❖ Implement the projects.

## **RHDP STRATEGIES**

The RHDP has increased access to health, dental, and vision care since its inception in FY 1998-99 through the implementation of the Geographic Access and the Special Populations Strategies.

Geographic Access projects are used to address the lack of health care services in rural geographic areas of California.

Geographic Access projects must be located in a Rural MSSA as established by the Office of Statewide Health Planning and Development. A MSSA is defined as an area with a population density of less than 250 people per square mile and no town of more than 50,000 people within the boundaries of the area. Chart C shows California's rural MSSAs through the use of the *California Medical Service Study Areas (MSSA) Map*.

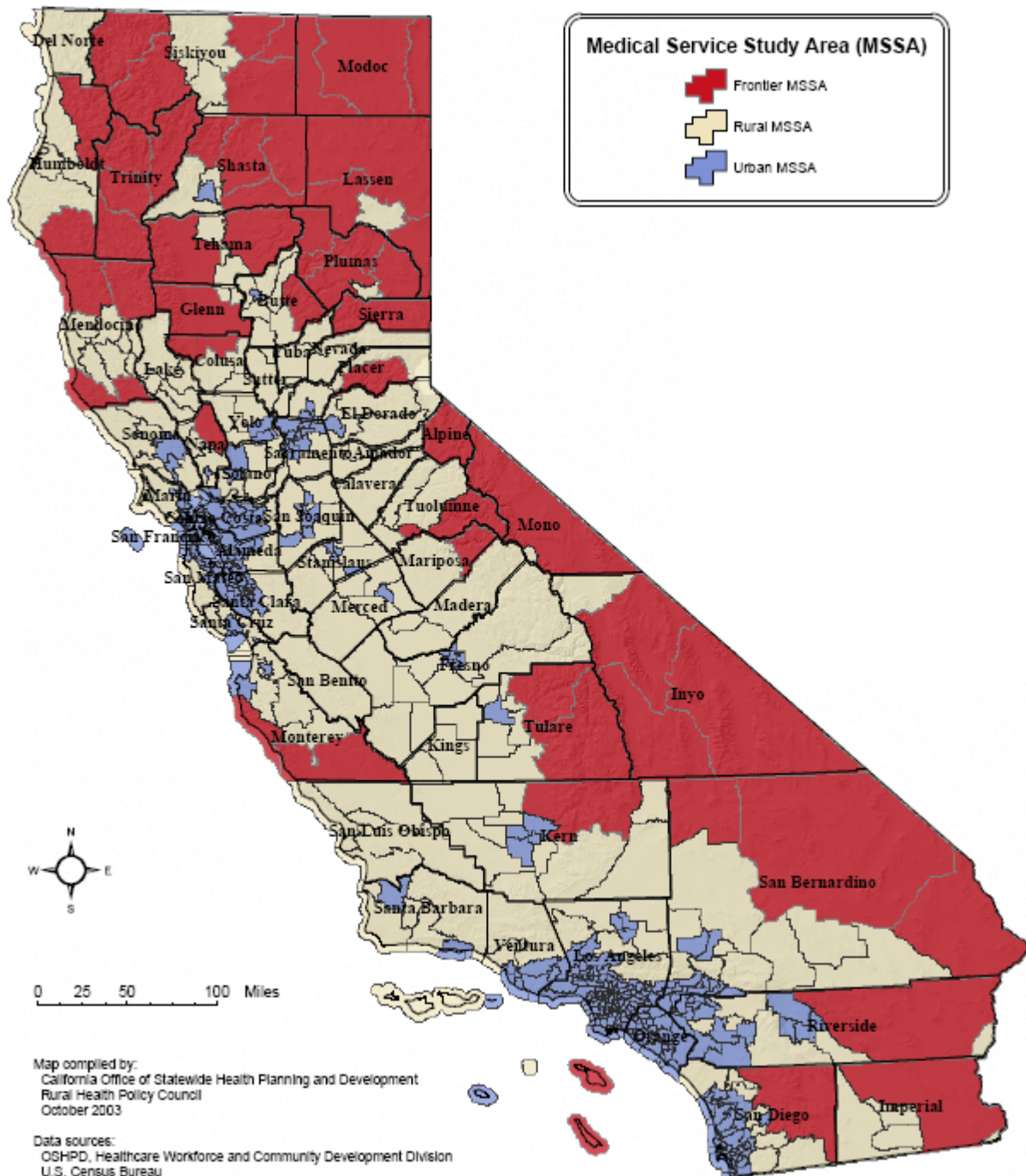
Special Populations projects are used to address unique access problems of special populations (children of migrant and seasonal farm workers, fishing and forestry workers and American Indians).

There are over 2 million farm workers living and working in California. Most of the farm workers live and work in the San Joaquin Valley with Fresno having the highest number of farm workers of all California counties. There are 313,642 American Indians living in California, according to the latest census figures. Approximately 50 percent of the American Indian population is affiliated with one of the 102 federally recognized Indian tribes in California and the other 50 percent are Urban Indians. There is no available data currently regarding the fishing and forestry population.

Special Population projects can be located wherever there is a need to address unique access problems for the Special Populations groups. The projects can be located in both rural and urban areas. Chart D shows the counties benefiting from Geographic Access (GA) and Special Populations (SP) projects in the current fiscal year (2006-07).

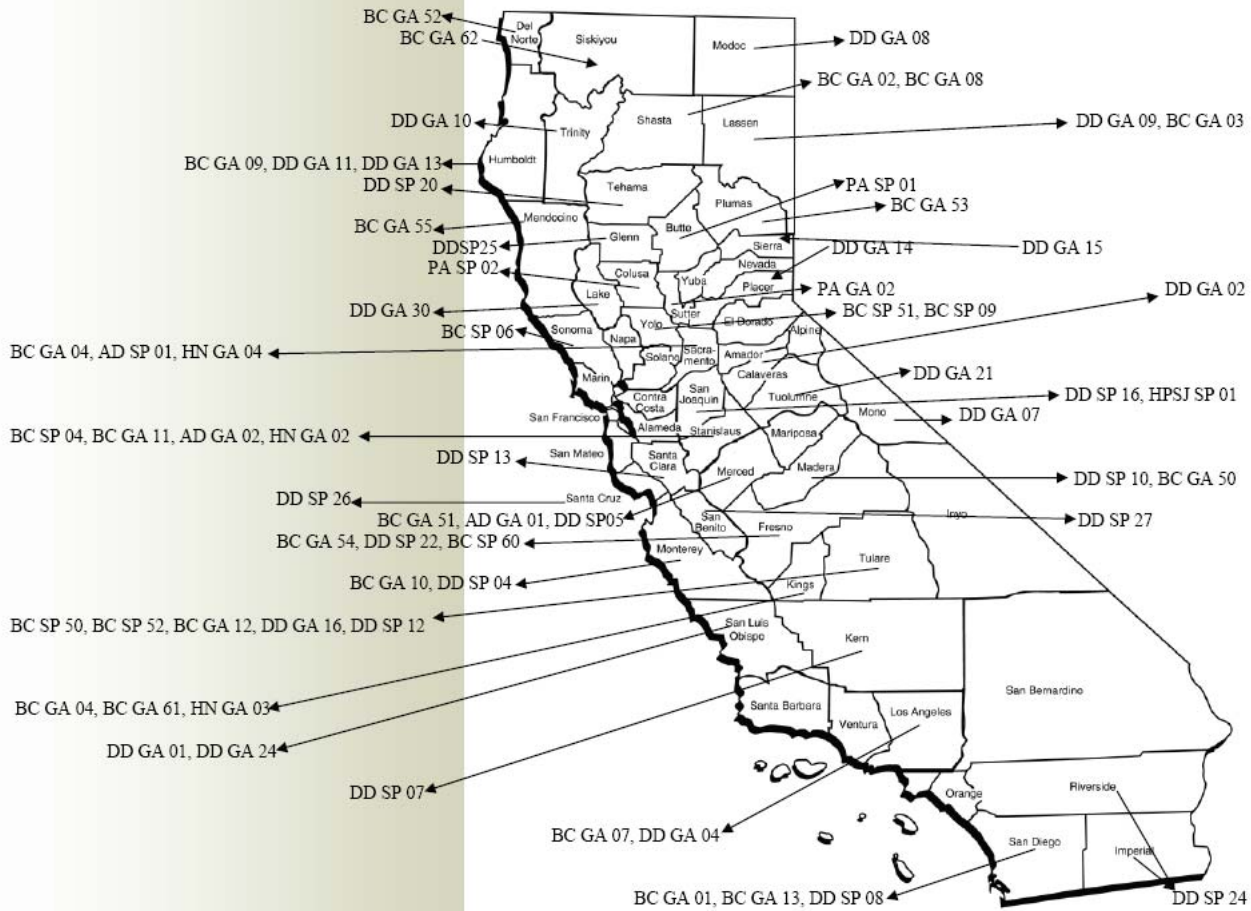
Chart C

*California Medical Service Study Areas Map*



### Chart D

## RHDP Geographic Access and Special Populations Projects Map



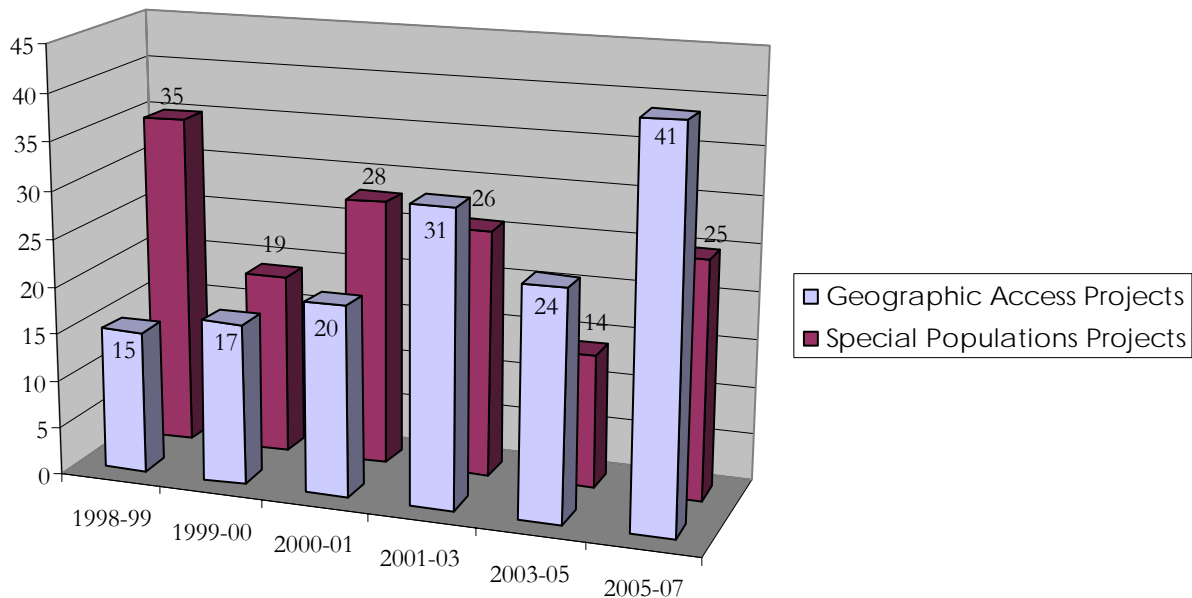
*Legend:*

*BC=Blue Cross, DD=Delta Dental, AD=Access Dental, PA=Premier Access, HN=Health Net, HPSJ=Health Plan of San Joaquin*

The number of projects funded for Geographic Access and Special Populations strategies from Fiscal Year 1998-1999 through Fiscal Year 2006-07 is shown in Chart E.

**CHART E**

**Projects by Strategies-Funded 1998-2007**



Please see the *Project Listing* located at the end of this document for a complete listing of all Geographic Access and Special Population projects approved by the MRMIB.

## **RHDP PROJECTS AND OUTCOMES**

The following describes the eight major project categories as well as outcomes of the projects.

### **Extended Provider Hours**

#### Description

Funding for extended provider hours projects enables clinics and other providers to increase access to care by staying open longer hours to accommodate the lifestyles of the HFP population.

Extended hours can occur by having clinics open during weekday evening hours or on Saturdays and Sundays or any combination of weekday or weekend hours.

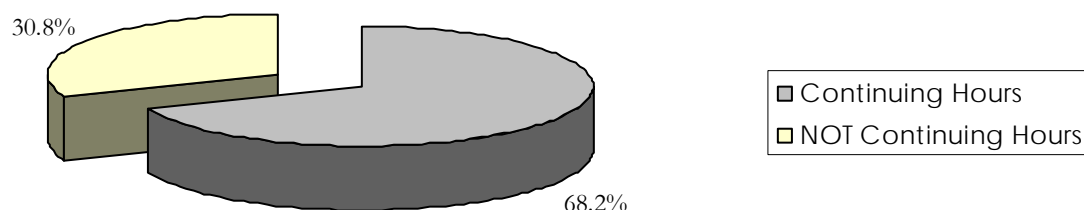
## Sustainability

- Seventy-one (71) Extended Provider Hours projects have been funded since the inception of the RHDP
  - ❖ Forty-five (45) of these projects no longer receive RHDP funding.
    - Of these 45 projects, 31 projects or sixty-eight percent (68%) have continued their Extended Provider Hours after the RHDP contracts ended.
    - ◇ The two main sources of sustainability funding for the 31 projects that continue Extended Provider Hours projects are: (1) increased revenue generated through increase in patient base and reimbursement of service costs through public and private insurance; and (2) grant funding from other public and/or private sources.

Chart F summarizes the extended provider hour project sustainability.

**CHART F**

### **Extended Provider Hours Projects Sustainability 1998-2006**



## Benefits

Extended provider hours projects have been successful in both expanding access to services and in transitioning to self-sufficiency.

### ■ Patient/Clinic

- ❖ Clinics indicated that the ability to offer extended provider hours resulted in greater patient encounters ranging from a 21 percent to 29 percent (21%-29%) increase in patient visits.
- ❖ Clinics noted a reduction in the patient “no-show” rate, especially where the clinic had designated the extra hours to accommodate walk-in patients.
- ❖ Several clinics indicated that they had experienced a reduction in after-hours emergency room visits as a result of the extended hours allowing patients to be seen for non-emergency care at times other than normal business hours.

## **Mobile Dental Vans**

### Description

Mobile dental vans take services to communities where no local providers are available and where location of a permanent provider site is not feasible. Mobile dental vans have been provided under the RHDP by both dental and health plans.

A typical mobile unit is a self contained two-dental procedure room or two examination-room unit. Equipment includes dental procedure stations, complete with dental chairs, lights, hand tools, evacuation systems, radiographic equipment and sterilization units. Exam rooms include examination tables and other necessary medical equipment. The mobile dental vans are capable of producing their own power using generators and they carry their own water supply and disposal system. This self-containment gives the mobile units the capability of functioning independently.

### Coordinating and Delivering Mobile Services

Successful operations begin with an initial request from a community organization or school in need of services to the dental or health plan. The request for services must identify the areas of the county with the greatest need, and describe how the community is willing to facilitate the logistics to provide the services. This process includes advanced planning, sending notices to parents, obtaining health histories, and insurance information.

The mobile dental practices travel to various isolated rural communities and set-up for one week. They typically will park at an elementary school site and work closely with school nurses and district staff.

Each mobile van is capable of treating up to 100 children in one week if all the proper planning has taken place. The services provided are comprehensive. The HFP subscriber may be referred to a local dentist or the mobile van will be scheduled for a return trip when follow up treatment is required. Usually mobile vans return every six months for follow-up services and new appointments.

### Sustainability

■ Thirty-three (33) mobile dental projects have been funded through Geographic Access and Special Populations strategies.

❖ Currently, 29 projects or eighty-eight percent (88%) remain operational.

### Increased Dental Service Levels

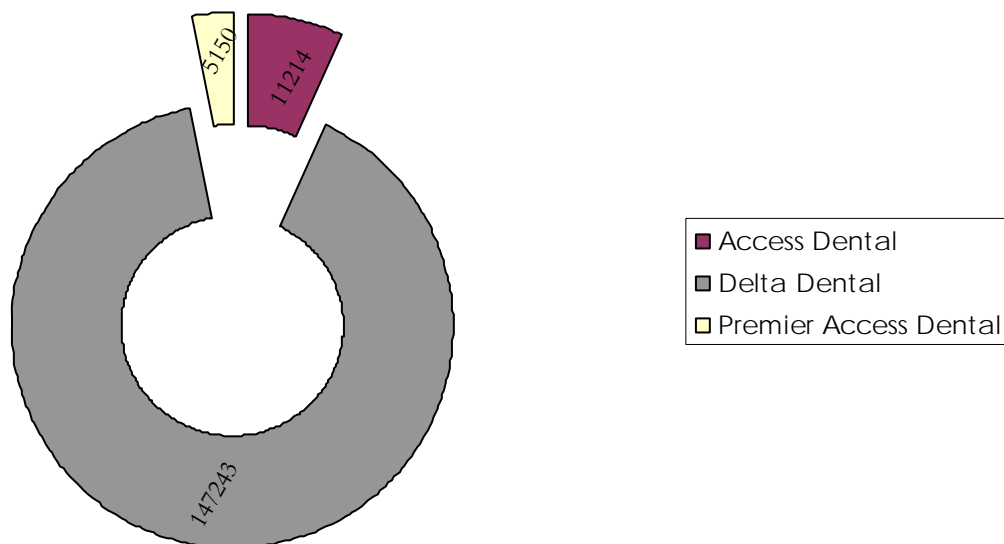
The unique combination of utilizing both mobile and stationary dental practices has allowed for a significant increase to access for HFP subscribers in rural areas of California. The MRMIB has continued to support these efforts by funding the operational costs to set up in rural locations as needed.

Chart G shows the number of encounters that have been provided by both stationary and mobile dental practices between 1998 and June 2006.

**CHART G**

#### **Dental Encounters By Plan 1998-2006**

(Approx. 164,000)



## Other Benefits

Rural areas of the state have greatly benefited from a range of diverse services provided by the mobile vans. These benefits include:

- Setting up and working at a school site increases awareness of the Healthy Families Program and encourages enrollment.
- Children share the experience of visiting a dentist with their friends and receive "peer" support, which helps reduce fears often associated with "going to the dentist."
- Children are treated in a familiar environment and parents do not have to arrange for transportation.
- Children do not miss school for a period longer than the duration of the appointment, which is arranged and approved at the school site.

## **Additional Providers**

### Description

Projects that add to the number of available providers increase access to health and dental care through bringing a particular type of practitioner into a community. A clinic seeking "additional providers" must be part of the health or dental plan's existing network serving HFP enrolled children and demonstrate a need for additional health or dental care providers.

The MRMIB has received numerous requests from clinics in need of additional providers since the inception of the RHDP. The requests have come from clinics that lacked alternative funding sources to finance the additional providers without RHDP assistance.

### Sustainability

- One hundred fifty-two (152) Additional Provider projects have been funded through the Geographic Access and Special Populations strategies.
- Twenty-four (24) of the 152 Additional Provider projects have been funded during the current budget year. Evaluation of these projects is forthcoming.
- Of the 128 Additional Provider projects funded in previous fiscal years, 89 or 69 percent (69%) projects retained the additional health care provider beyond the period funded by the MRMIB.

- ❖ Of the eighty-nine 89 projects that have continued beyond the RHDP funding period, one of two scenarios occurred: (1) the requesting organization provided in kind support to fully fund the positions, creating a true partnership of investment in the projects; or (2) full time employees were reduced to <1.0 FTE. Alternative funding sources through private and public grants were the main methods used to sustain the positions.

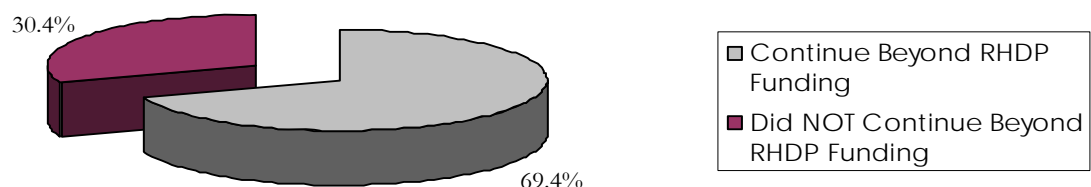
### Benefits

- Reduction in the waiting period for appointments.
- Ability to accommodate additional patients.
- Addition of new medical services not currently available at the site.
- Increased access for special populations by funding bilingual/culturally proficient health care providers.

Chart H shows the sustainability of the Additional Provider Projects between 1998 and 2006

**CHART H**

### **Additional Provider Projects Sustainability (1998-2006)**



### Challenges for Rural Counties

It is important to recognize that recruitment and retention of health care providers for rural areas continues to be a challenge and finding and keeping these providers is an important factor in addressing health care access issues in rural communities.

Thirty-nine (39) projects were unable to sustain funding to continue their additional providers. The reasons for discontinuing the positions vary from clinic to clinic. The three main reasons given include:

- Inability to secure alternative funding sources to continue the project beyond the period established by the RHDP.
- Additional providers left for jobs in other communities.
- Patient encounters did not increase as expected.
- Income generated by the Healthy Families Program patients was not sufficient to pay for the additional providers' salaries.

## **Rate Enhancements**

### Description

Projects that provide rate enhancement to existing providers in a community may help to increase access by expanding the HFP plans' networks. Provider sites are present in some areas, but the provider is reluctant to participate in the HFP at the plan's usual rate of reimbursement. The MRMIB has provided assistance to the plans in the form of rate enhancements that are passed on to the doctor or dentist as an incentive to join the plan's network.

Three (3) rate enhancement projects were selected for participation in the RHDP between 1998 and June 30, 2005. No additional rate enhancement projects have been funded because HFP plan/provider network data has indicated provider increases in the areas serviced by the rate enhancement projects. Member complaint/appeal data has also correlated no concerns regarding insufficient providers for HFP members in the areas serviced by the rate enhancement projects.

### Sustainability

No information is available on sustainability of rate enhancement projects.

### Benefits

The rate enhancement paid on behalf of the HFP subscribers can make HFP more competitive in the market place when a doctor or dentist is not willing to join the plan's network

## Telemedicine

### Description

The telemedicine project, which began in 1999, increases access by linking rural providers with specialists using technology. Blue Cross of California was awarded RHDP funding to develop a comprehensive telemedicine network to increase access to specialty care in rural isolated areas of California. The RHDP supports the telemedicine network through equipment installations, training, software, technical support and reimbursement beyond the existing federal and state reimbursement levels.

Telemedicine uses computer technology to connect a patient and their primary care provider to a specialist in a different location for diagnosis, suggested treatment and a second opinion. All telemedicine locations have been equipped with video conferencing capabilities, general exam cameras, ENT scope and other peripheral medical equipment.

Two types of teleconsultation methods are used in the network:

- Live video teleconsult (simultaneous) connects the patient, the primary care provider, and the specialists at the same time to discuss the patient's medical condition. This approach accounts for more than 90 percent of the current telemedicine events.
- Store and Forward teleconsult (asynchronous) uses software to store and encrypt the pertinent medical data (e.g., picture, ECG, x-ray, etc.). The secured data is then transmitted electronically to the specialist for review and consult. Full implementation of the selected Store and Forward software is currently underway.

The RHDP telemedicine network uses an open "spider-web" approach. Based on this concept, any primary care location within the network is able to connect to any other primary care site or any specialty site. Blue Cross providers or any licensed provider with the technical capabilities may refer to or join the network. Numerous specialty locations can be partnered with to expand the potential services to the patient. The network can also address professional development needs.

All new telemedicine locations are equipped with a computer system, video conferencing equipment and software, a general exam camera, ENT scope, and other medical peripherals.

Scheduling is supported with the use of a customized, web-based scheduling system.

Reimbursement to both the primary care provider and the specialist for live and store-and-forward consultations encourages provider participation in the program.

## Sustainability

- Fifteen telemedicine projects have been funded with RHDP funds since 1998.
  - ❖ Nine of the twelve or seventy-five percent (75%) of the original projects remained operational beyond RHDP funding.
  - ❖ Currently, there are three (3) projects in this category that are receiving RHDP funding.
- The Blue Cross of California Telemedicine Network presently supports 28 counties through out California through 59 Presentation Sites and 6 specialty locations (see telemedicine map at the end of this section).

## Benefits

Telemedicine projects provide many benefits, including:

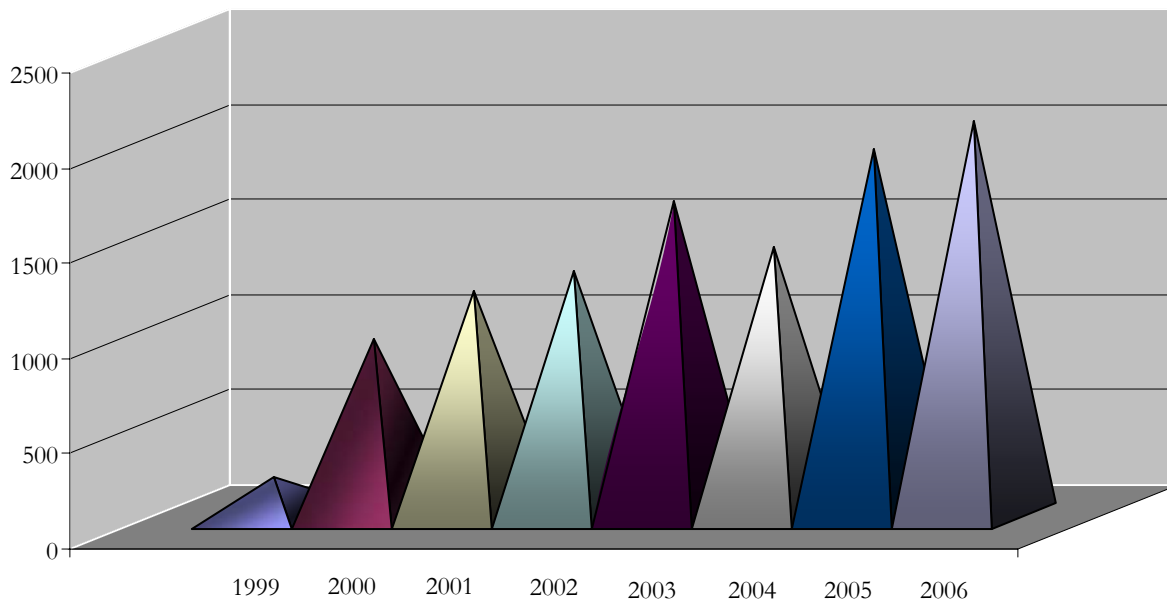
- Improved access specialty care, and improved quality of care through more timely diagnosis and treatment, and the involvement of the patient's primary care provider throughout the process.
- Less subscriber travel to specialty centers and greater collaboration between physicians.
- Enhanced potential for recruitment of health care professionals in rural areas reduced professional isolation, increased service enhancements, patient attraction and retention.
- Expanded and increased sharing of educational resources among network sites.

## Patient Encounters

Chart I shows the entire network's patient encounters between 1999 and 2006. The patient encounters include HFP subscriber encounters.

**CHART I**

### **Telemedicine Encounters 1999-2006** *(Entire Network)*

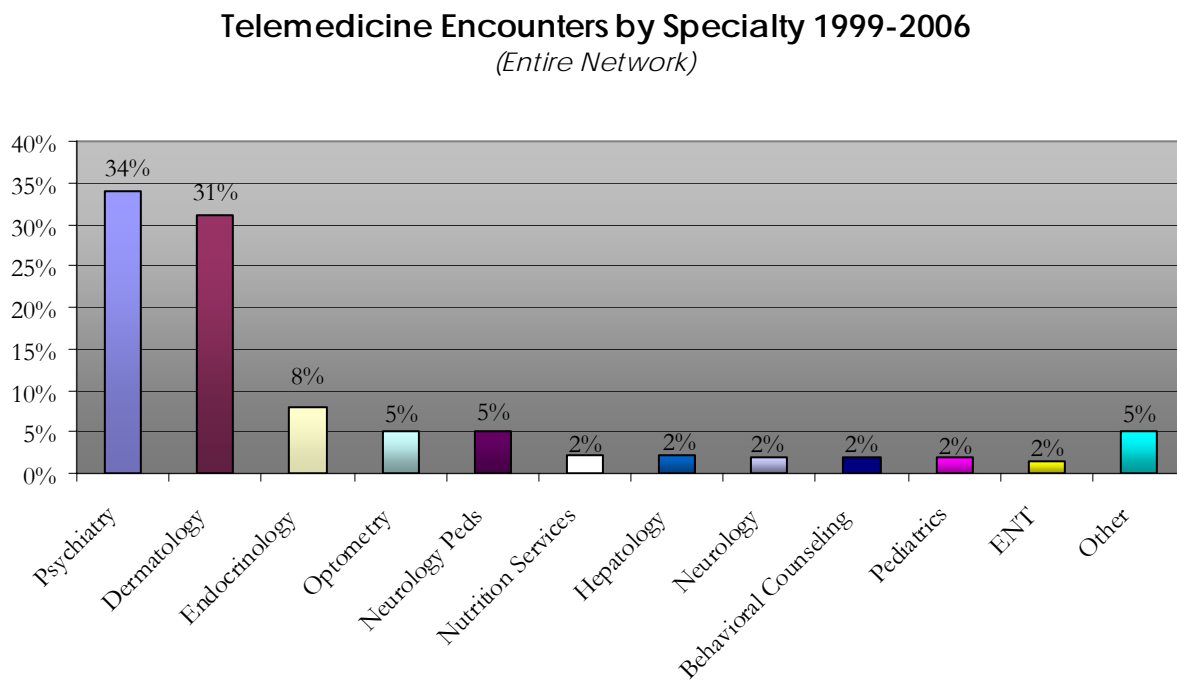


*Source: Blue Cross of California*

### Utilization by Specialty

The top 6 specialties throughout the entire network have consistently been—psychiatry, dermatology, endocrinology, optometry, pediatric neurology, and nutrition services. Chart J shows the entire network's specialty encounters between 1999-2006. The specialty encounters include HFP subscriber encounters.

**CHART J**



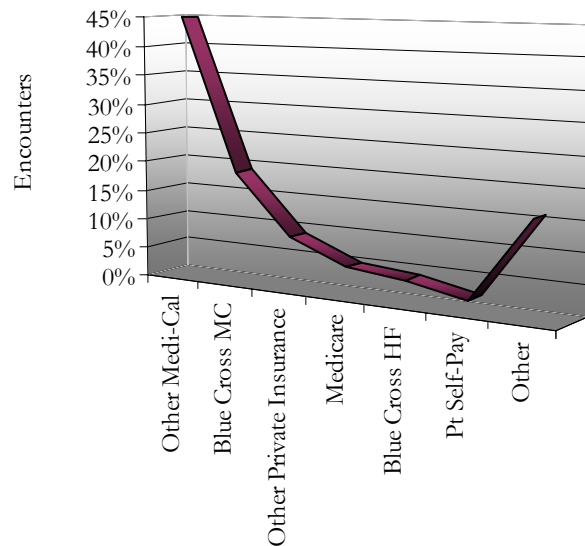
*Source: Blue Cross of California*

## Services Regardless of Payment Source

Blue Cross developed the original RHDP funded telemedicine project for HFP subscribers. Overtime, Blue Cross has begun serving all patients whose needs may fit a telemedicine application, regardless of payment source. Payment for the telemedicine patient encounters are received from a number of sources, including payments made by HFP and Medi-Cal for their members. Sixty seven percent (67%) of the patients served between 1999 and 2006 were members of either the HFP or Medi-Cal. Chart K shows payment sources between 1999 and 2006.

**CHART K**

### **Telemedicine Encounters by Pay Source 1999-2006** (Entire Network)



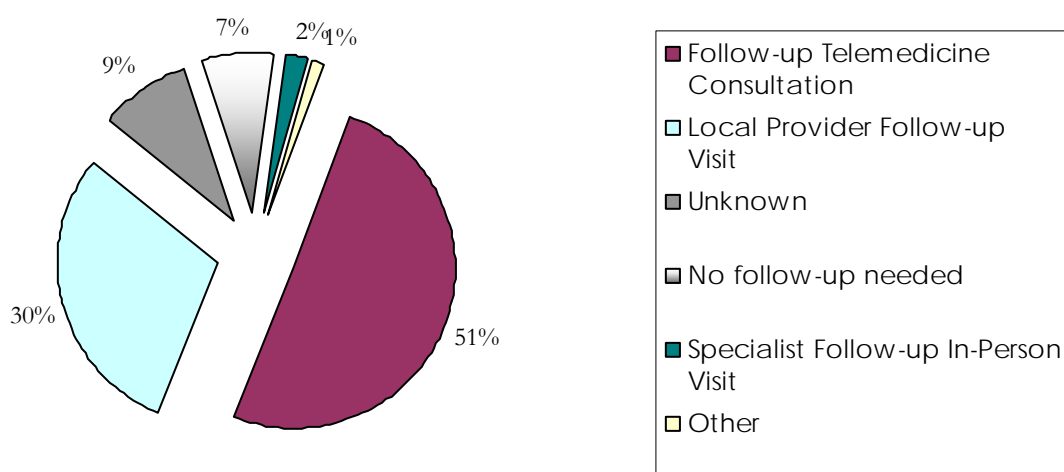
*Source: Blue Cross of California*

## Disposition of Network Encounters

The Follow-Up Telemedicine Consultation category accounts for fifty-one percent (51%) of telemedicine encounters. This is the direct result of a patient visiting their primary health care provider, who determines the patient requires further studies to determine diagnosis. Consequently, the patient is scheduled for a follow-up visit with their primary health care provider to initiate the telemedicine consult. Chart L shows the disposition of the entire network's encounters between 1999 and 2006. The disposition of encounters includes HFP subscriber encounters.

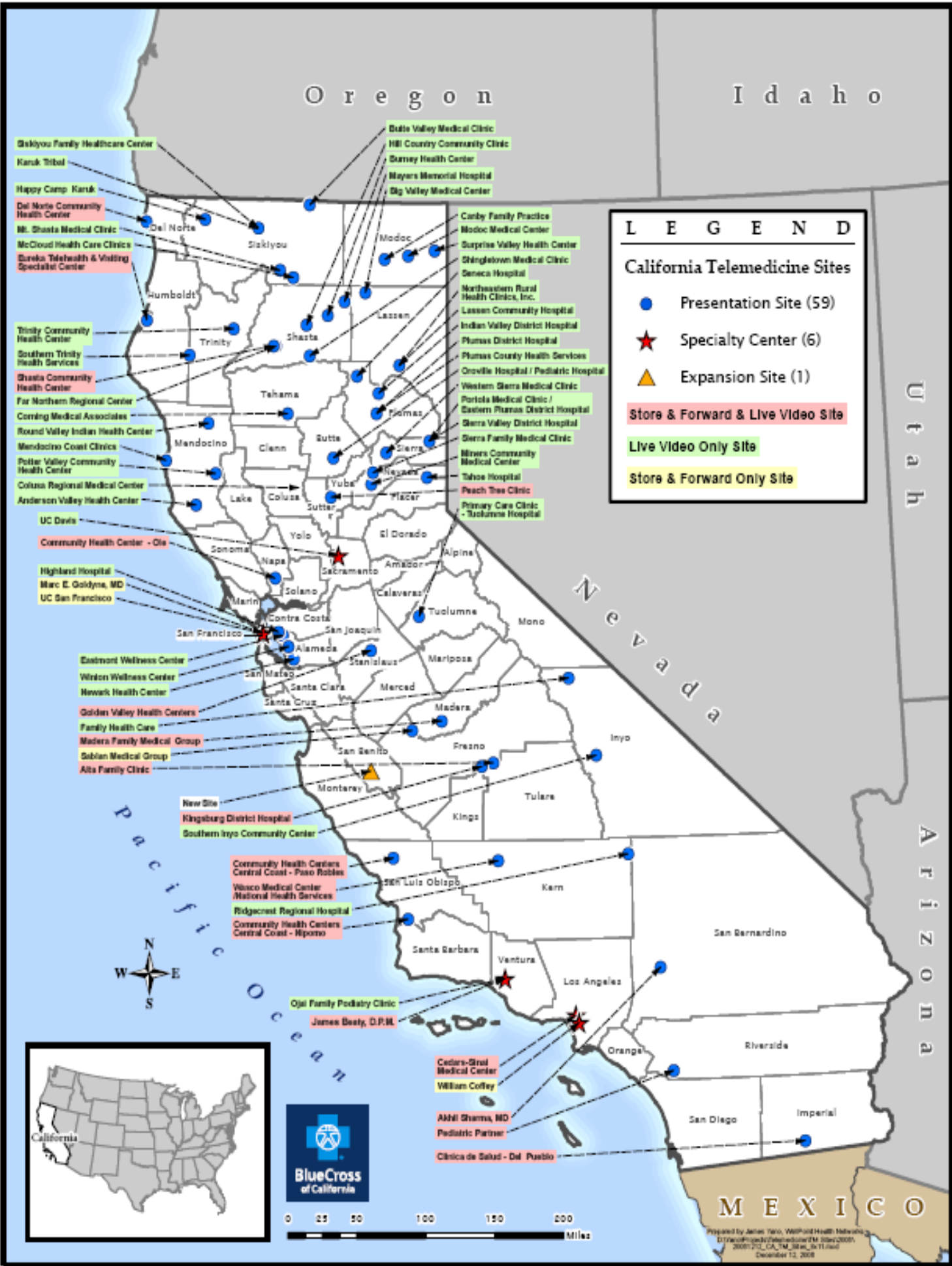
**CHART L**

### **Disposition of Telemedicine Encounters 1999-2006** (Entire Network)



*Source: Blue Cross of California*

The following page presents a map showing the current telemedicine sites.



## Mental Health and Substance Abuse Prevention

### Description

The Mental Health and Substance Abuse Prevention projects expand access to comprehensive pediatric behavioral health services, and provide expanded and intensive substance abuse treatment to HFP youth. Services are integrated in a primary health care setting for populations that are underserved, and primarily low-income HFP children and HFP eligible children. Mental health and substance abuse services were provided by the RHDP telemedicine projects beginning in 1999. The first “stand alone” mental health project was funded in 2002.

### Sustainability

The most current projects are still receiving RHDP funding and there is no data available to determine sustainability.

### Benefits

There are currently seven mental health and substance abuse prevention projects that have provided approximately 1,550 encounters between July 1, 2005 and December 31, 2006.

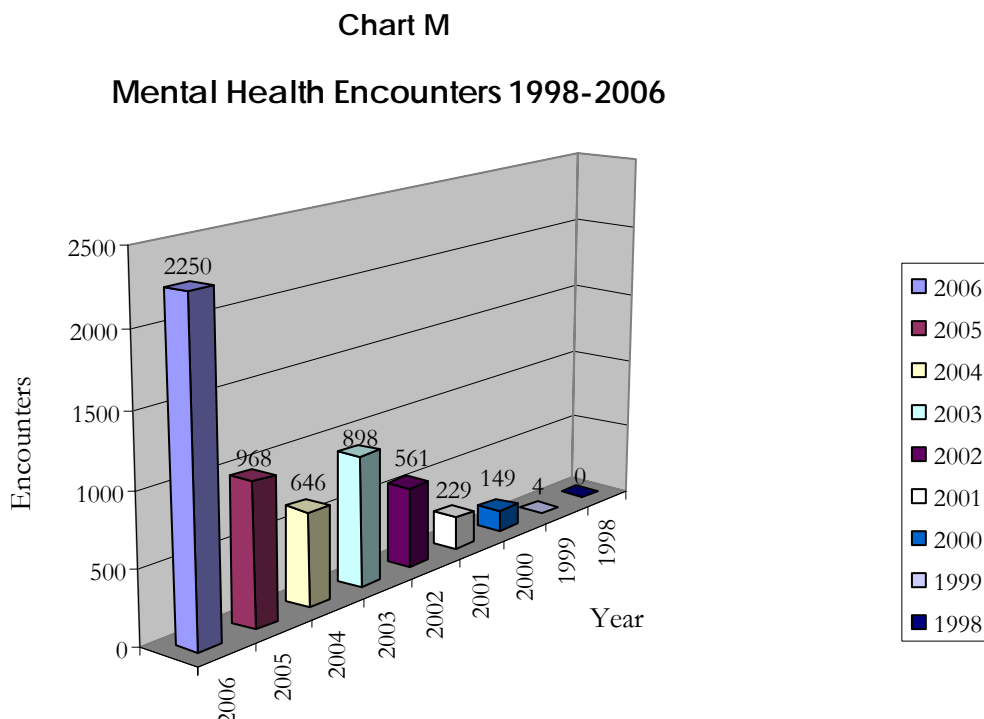
**Current RHDP Mental Health and Substance Abuse Prevention Projects**

Provider Name	County served	Project Description
Alliance Medical Center	Sonoma	Bilingual primary preventive care and bilingual mental health for children of migrant farm workers
Darin M. Camarena Health Centers	Madera	Expanded access to comprehensive pediatric behavioral health services that are integrated in a primary health care setting
Family Healthcare Network	Tulare	Obesity prevention, behavioral and mental health services for migrant and seasonal farm worker youth
Hill Country Community Clinic	Shasta	Child and Adolescent mental health treatment expansion
McCloud Healthcare Clinic	Siskiyou	Additional mental health services
Mendocino County	Mendocino	Substance abuse screening and treatment
North Coast Clinics Ntwk	Trinity, Humboldt	Funding for mental health and primary care providers

The projects have been able to add full and part-time Licensed Clinical Social Workers, Psychologists, and certified Substance Abuse Counselors and Therapists to their treatment teams with RHDP funding. The treatment team members work to provide counseling to children, adolescents and families.

Further detail regarding each of the above projects is contained in Attachment A.

Chart M shows the number of mental health encounters between 1998-2006



*Source: Blue Cross of California telemedicine network for services in 1999-2002;  
MRMIB Quarterly Report Data for services 2002-present.*

### Description

The Nutrition Counseling and Obesity Prevention projects provide community-based preventative care and health promotion programs that include outreach, nutrition counseling for youth, and education and screenings in the areas of childhood obesity and diabetes. In 2002, the RHDP funded nutrition counseling and obesity prevention projects.

- Some projects deliver services through a multidisciplinary team consisting of a health educator, nutritionist and/or nurse educator working around the directing nucleus of a licensed medical provider. The team collaborates to provide intensive education, monitoring and other services to bring about lasting improvements in health and weight management.
- Other projects utilize a collaborative partnership approach to deliver services. Programs typically include a variety of school, community and clinic-based educational opportunities, and health screening services and tools.

### Sustainability

The RHDP funded twelve nutrition counseling and obesity prevention projects between 1998-2005.

- Ten of the twelve projects or eighty-three (83%) of the projects have been able to continue past the RHDP funding. The operating hours for these projects are on a fifty percent basis or higher.
- There are currently 9 projects that provide obesity prevention through nutrition education and physical activity. There is limited data on the sustainability of these projects.

### Benefits

The benefits of the nutrition counseling and obesity prevention projects are:

- Increase physical activity and better dietary behaviors
- Decrease levels of obesity or reduce the rate of growth of obesity
- Educate the children and caregivers on nutrition and obesity prevention
- Improve the lives of children and the general well-being of their families

## **Asthma Intervention**

### Description

One Asthma Intervention Project began on July 1, 2005. The objective of project is to complement medical visits with individualized patient and parent asthma prevention education. The program allows for patients and their families to actively participate in the management of their chronic disease (asthma) through lifestyle changes. Patients in the program are typically referred by pediatricians through chart review and referrals of patient visits.

### Sustainability

The project is still receiving RHDP funding and there is no data available to determine sustainability.

### Benefits

Patients Receive:

- Allergy-free mattress covers and pillowcovers, to reduce the asthma triggers in the bedroom at home (where children spend most of their time at home).
- Pre and post tests, at the beginning and end of each session, in order to assess

knowledge learned about asthma and asthma triggers (this is an effective method of evaluating the patient's and parent's knowledge, and provides a springboard for discussion, tests are offered in English and Spanish).

- Individual counseling provided to asthmatic children and their by a certified respiratory therapist, including:

- ❖ Education on environmental triggers,
- ❖ Symptoms of asthma, management of asthma episodes, and
- ❖ Development of an Individual Asthma Action Plan.

During the counseling session, lung capacity is evaluated using a spirometer and education on proper use of inhalers and spacers is provided.

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## SOLICITATION AND EVALUATION OF PROPOSED RHDP PROJECTS

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The RHDP is comprised of individual projects administered by health, dental, or vision plans. Plans administer these projects consistent with the contractual arrangements between plans and the MRMIB.

### PROJECT SOLICITATION

The RHDP solicitation process consists of the following:

1. Receipt of funding for the projects through the annual budget process.
2. Development of the solicitation package by MRMIB staff. The solicitation package traditionally contains the following information:
  - Purpose and goals of the RHDP
  - Amount of available funding. A RHDP solicitation will typically identify that funding is available for two fiscal years.
  - The solicitation process and timelines for the solicitation
  - Contents of the project proposal that must be included for submission to the MRMIB, such as:
    - ❖ Description of the plan's projects
    - ❖ Cost of the projects
    - ❖ Draft amendment to plan's HFP contract

MRMIB requests plans to submit creative and innovative proposals under either the Geographic Access or Special Populations strategies, or both. The most current solicitation for 2005-2007 included the following examples of projects for plan consideration:

- Increased hours of clinic operations (evenings and weekends)
- Increased number of providers available to subscribers at remote facilities

(family practitioners, pediatricians, nurses, dentists, pedodontists, dental hygienists, dental assistants, ophthalmologists, optometrists)

- Mental health and/or substance abuse services
  - Health education in the areas of diabetes and obesity, including nutrition counseling programs
  - Community-based preventive care and health promotion programs
  - Mobile health vans
  - Mobile dental vans covering rural areas in multiple counties
  - Transportation services
  - Telemedicine
  - Use of “Promotores de Salud” (promoters of health) to provide public health education in areas such as high blood pressure control, prevention and reduction of cancer, asthma, childhood lead poisoning and other public health issues prevalent in the state.
3. Review and approval of the solicitation package by the Board at a public meeting of the MRMIB.
    - Plans, providers and other stakeholders will comment on the solicitation package at the public meetings of the MRMIB before the solicitation is released to the plans.
  4. Release of the solicitation package and posting of the solicitation package on MRMIB’s website.
  5. Submission of plan proposals.
    - Each clinic or other health care provider who wants to participate in the RHDP and who is willing to partner with the HFP participating plans must submit proposals to MRMIB through the participating plans.
  6. Evaluation of the proposals
    - Each project submitted by the plans is evaluated by the MRMIB on its individual merits. Project selection is based on a competitive negotiation process and other criteria established in the solicitation package developed by the MRMIB. A project proposal must demonstrate the following to be eligible for Geographic Access funding:
      - ❖ An area’s need for additional services as identified by the unique access barriers;

- ❖ The potential number of eligible children, and the current HFP network (including traditional and safety net providers as defined by the MRMIB) available to subscribers in the area;
  - ❖ A proposed project's potential for increasing the plan's provider network. The project's ability to bring new providers to the health plan's network receives special consideration;
  - ❖ Cost-effectiveness of a proposal, including administrative overhead costs.
- A project proposal must demonstrate the following to be eligible for Special Population funding:
- ❖ Methodology for addressing the unique access needs of one or more identified special populations and the extent to which the proposal is designed to reduce health disparities among children in the target special populations;
  - ❖ The plan's proposed network of providers, including other facilities available to special populations and/or additions to the plan's network;
  - ❖ The inclusion of providers that have experience serving the specific target populations;
  - ❖ Cost-effectiveness of a proposal, including administrative overhead costs.
7. Review and approval by the Board of the MRMIB staff recommendation of projects for funding. The review and approval occurs at a public meeting of the MRMIB.

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## **PROJECT OVERSIGHT PARTNERSHIP OF PROVIDERS, PLANS, AND THE MRMIB**

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### **PLAN RESPONSIBILITY**

The health, dental, or vision plan is primarily responsible for the individual project's oversight after a project is selected. Plan oversight responsibilities include:

- Developing and executing a project agreement between the health, dental or vision plan and the project provider(s);
- Implementing fiscal accountability for the specific project. This component includes justification and documentation for all expenditures associated with the RHDP;
- Submission of quarterly activity reports to the MRMIB;
- Reimbursement of providers for expenditures incurred in the RHDP; and

- Conducting joint monitoring visits at project sites with the MRMIB staff.

#### PROJECT PROVIDER RESPONSIBILITY

The project providers deliver the services to the HFP subscribers being served by the RHDP project. Some of the responsibilities of the providers participating in the RHDP include:

- Delivery of the services being funded through the RHDP;
- Analysis of HFP subscriber needs in their areas;
- Development and planning the design of the proposals;
- Implementation of the projects;
- Working with the plans to obtain funding for their projects;
- Issuing periodic reports on project progress, expenditures and outcomes

#### MRMIB RESPONSIBILITY

MRMIB has administrative oversight responsibilities for the RHDP which include:

- Invoice processing;
- Monitoring project expenditures;
- Preparing monitoring reports, and communicating issues or concerns to plans;
- Compiling project data from quarterly activity reports;
- Providing consultation to health and dental plan RHDP managers regarding project changes; and
- Conducting joint monitoring visits at project sites with plan staff to ensure that projects are implemented as proposed.

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**ATTACHMENT A**  
**RHDP PROJECTS 1998 TO PRESENT**

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Project ID	Plan Partner	County	Project Description
FY 2005 - FY 2008			
<b>Delta Dental</b>			
SP 04	Oral Health Program of Central Coast	Monterey	Mobile Dental-Expanding oral health care prevention and treatment to children ages 5-18 in Seaside and Marina areas.
SP 05	Central California Dental Surgicenter	Central California	Extended Hours-Increase pediatric surgery center census by expanding services an additional 32-40 hours per week.
SP 07	Clinica Sierra Vista/Taft College Dental Hygiene Program	Kern	Provide comprehensive dental services for migrant and seasonal farm worker's children in Kern County. Services will be accomplished through additional dental staff, including a Pediatric Dental Specialist.
SP 08	Comprehensive Health Center	San Diego	Targeting high risk populations in San Diego County with a preventive school based oral hygiene program.
SP 10	Darin Camarena Health Center	Madera	Additional Providers-Ensure access to dental services for low-income dentally underserved children residing in the rural agricultural community of Chowchilla.
SP 12	Family Health Care Network	Tulare	Additional Providers-Increase access to dental services for migrant and seasonal farm workers and low-income families in the communities of Cutler and Oroquieta.
SP 13	The Health Trust	Santa Clara	Identify children in the special population who are in need of dental care and provide comprehensive preventive and restorative treatment.
SP 16	Sacramento Community Clinic	San Joaquin	Provide dental services to farm worker's children at their camps and elementary schools in Sacramento and San Joaquin Counties.
SP 20	Del Norte Clinics, Inc.	Tehama, Yuba, Butte, Colusa, Glenn & Sutter	Funds will be used to reach children of migrant farm workers who belong to one of the highest risk and most underserved population in the nation. The project will provide oral screening, restorative and prophylaxis, for children at 15 schools in six counties.
SP 22	Fresno Dental Surgery Center	Fresno, Kings, Madera, & Tulare	Open new pediatric surgery center to provide complete oral dental restoration under general anesthesia for small children and children with special needs covering a four county area where specialty services are currently not available.
SP 24	Indio Pediatric Surgery Center	Imperial, River-side, & San Diego	The new pediatric dental surgery center will provide complete oral health dental restoration under general anesthesia for small children and children with special needs where these types of services are currently not available.

Project ID	Plan Partner	County	Project Description
SP 25	Northern Valley Indian Health	Tehama, Butte & Glenn	Increase oral access to dental services for Native American children as well as expand an existing program to include children of underserved populations in a 3 county area (including children of seasonal and migrant farm workers and children with special
SP 26	Salud Para La Gente	Santa Cruz & Monterey	Provide the farm worker community with: dental screening, dental care plans, restorative dental care, dental specialty care referrals, case management, follow-up care and dental education with parents.
SP 27	San Benito Health Foundation	San Benito	The project will conduct dental screenings, oral health education and basic restorative work. Follow-up case management services will also be provided.
GA 01	Healthy Smiles Mobil Clinic	Mariposa, San Luis Obispo	Mobile dental clinics providing services to HFP children in geographically remote areas of Central California where dental providers/clinics are not available.
GA 02	Tooth Mobile	Amador Calaveras El Dorado, Lake, Trinity	Mobile dental clinics providing services to HFP children in geographically remote areas of Northern and Central California where dental providers/clinics are not available.
GA 04	Children's Dental Health Clinic	Los Angeles	Extended Hours-Provide access to quality dental care for children on Santa Catalina Island who have no other recourse.
GA 07	Mammoth Hospital Sierra Park	Mono	Additional Provider-Pediatric Dentist to work two days/week to expand/increase general dental and hospital dentistry.
GA 08	Mountain Valley Health Centers	Lassen Modoc Shasta Siskiyou	Provide additional dental services at two clinics by hiring one additional Dentist to work half-time in the city of Bieber and half time in the city of Dorris. This project will increase access by 50%.
GA 09	Northeastern Rural Health Clinic	Lassen	Extended Hours-Addresses the lack of oral health services for low income children in a large geographic area.
GA 10	Northern Trinity Health Services	Northern Trinity	Provide dental services at a community –based dental clinic in Northern Trinity County where there is currently no access to dental services for HFP member.
GA 11	Open Door Community Health Ctr.	Humboldt	Extended Hours-Implementing Saturday pediatric dental clinics to include screenings & treatment, oral health education, and increase in HFP enrollment.
GA 13	Southern Trinity Health Services	Humboldt, Trinity	Mobile Dental-Expand school-based dental program by increasing visits and total program days.
GA14	Tahoe Truckee OralHealth	Placer & Nevada	Increase access to dental health services and oral health education for all family members.
GA 15	Western Sierra Medical	Sierra	Extending provider hours through increased clinic operations from three to four days per week.
GA 16	Community Health Clinic	Tulare	Extended Hours-Increase the availability of oral health services in the Central Valley.
GA 21	Tooth Mobile	Alpine & Tuolumne	Tooth Mobile will make five trips to remote locations to provide comprehensive oral health services, including: diagnostic, preventive, and restorative services to the underserved HFP members through the use of a mobile dental unit.

Project ID	Plan Partner	County	Project Description
GA 24	La Clinica de Tolosa	San Luis Obispo	The project will provide preventive, restorative, operative and emergency treatment as well as oral health services including education and outreach. In addition, the clinic will provide anesthesia for complex oral health needs.
GA 30	Redbud Family Health Center	Lake	The project will open the dental clinic two Sundays per month to meet an unmet need for dental services on the south side of Clear Lake where there are no other dental providers. Services will include: dental cleaning with fluoride, oral hygiene instruction, and restorative services.

Access Dental			
GA 01	Merced County Office of Education	Merced	Mobile Dental Van–School based preventative oral health.
GA 02	Stanislaus County Office of Education	Stanislaus	Mobile Dental Van–School based preventative oral health.
SP 01	River Delta Unified School District	Sacramento	Mobile Dental Van–School based preventative oral health.

Premier Access			
GA 02	Sutter County Human Services	Sutter	Mobile Dental Van–School based preventative oral health.
SP 01	Butte County Office of Education	Butte, Colusa, Glenn, Lake, Tehama, Yuba	Mobile Dental Van–School based preventative oral health.
SP 02	Family Action Center	Colusa	Mobile Dental Van–School based preventative oral health.

Blue Cross			
GA 01	North County Health Services	North San Diego	Increased primary care and health education for this rural community through the addition of .15 FTE Pediatrician and .30 FTE Health Educator at Ramona Health Center.
GA 02	Hill Country Community Clinic	Shasta County	Round Mountain-Child and Adolescent mental health expansion through addition of 1.0 FTE LCSW.
GA 03	Mountain Valley Health Center	Lassen, Shasta, Siskiyou	Community based health education wellness program at 6 sites: 1.0 FTE Health Educator focusing on obesity, diabetes, nutrition and tobacco use.
GA 04	Avenal Community Health Center	Kings	KidShape Program: Family-based pediatric weight management program.

Project ID	Plan Partner	County	Project Description
GA 05	North Coast Clinics Ntwk.	Trinity, Humboldt	Expanded access to care through satellite clinics: funding for primary care and mental health providers.
GA 07	Samuel Dixon Family Health Cntr.	Los Angeles	Expanded access to care at Val Verde Clinic: funding of provider hours for Thursday and Saturday clinic appointments.
GA 08	Shasta Community Health Cntr.	Shasta	Expansion of primary care services: Addition of 1.4 FTE Physician Assistants at 2 clinic locations.
GA 09	Telemedicine	Del Norte, Humboldt, Madera, Sonoma, Tulare, Yuba	Upgrades to existing, outdated telemedicine systems. Community Health Center - Crescent City; Humboldt Open Door Clinic - Arcata; Madera Family Group - Madera; Copper Towers Family Medical Center - Cloverdale; Hillman Health Care Center - Tulare; Peach Tree Clinic.
GA 10	Telemedicine	Merced, Monterey, Tulare	Enhancement of network services for telemedicine programs at Clinica de Salud Valle De Salinas - Greenfield; Golden Valley Health Systems - Merced; Alta Family Health Center - Dinuba.
GA 11	Stanislaus County	Stanislaus	Expanded clinic hours for evenings and/or weekends.
GA 12	Tulare Community Health Clinic	Tulare	Pediatric Asthma Intervention Program for rural Tulare County.
GA 13	Mountain Health & Community Services, Inc.	San Diego	Increased Pediatric services for medically underserved children in rural East San Diego County. Plan to serve 900 kids the 1st yr., and 1200 the 2nd yr.
GA 50	Darin M. Camarena Health Centers	Madera	Expanded access to comprehensive pediatric behavioral health services that are integrated in a primary health care setting (this will be accomplished mainly through the addition of 1.0 FTE Behavioral Health Clinician) who is a psychologist.
GA 51	Livingston Medical Group, Inc.	Merced	Overweight childhood prevention program (this will be accomplished by involving children and their caregivers in a comprehensive health education program that provides counseling and promotes physical activity and good nutrition).
GA 52	Open Door Community Health Centers	Del Norte, Humboldt & Trinity	North Coast TeleMed Network will provide telemedicine for increased access to specialists for HFP members. The funding request is for a full time Registered Nurse (RN). A RN will greatly improve the efficiency of the Open Door Telehealth & Visiting Specialist Center (TVSC).
GA 53	Seneca Healthcare District	Plumas	Bright Futures Family Wellness Project for obesity prevention and nutrition (the project will provide a community-based preventative care and health promotion program to include outreach, education, and screenings in the areas of obesity, diabetes, and nutrition counseling for youth).
GA 54	Sablan Medical Clinic	Fresno	Add a provider to improve access to medical care for HFP members (increase access to healthcare by treating an additional 20 patients per day, reduce waiting times for appointments, and avoid having to reschedule acute ill patients).
GA 55	Mendocino County	Mendocino	Substance abuse screening and treatment (the SAMSHA best practice model known as Project SUCCESS will be utilized.) Project Success includes screenings, assessment, prevention education groups, and/or presentations in classrooms, individual and group counseling, parent involvement, and alternative activities.

Project ID	Plan Partner	County	Project Description
GA 61	Central Valley Family Health	Kings	The program will provide one-on-one counseling for diabetes and nutrition, create a diabetes support group, and provide schools with tools and assist in addressing childhood obesity.
GA 62	McCloud Healthcare Clinic	Siskiyou	The project will provide additional physician/practitioner and mental health services. Funding request includes: one full-time Psychologist, one full-time Midlevel Practitioner and a half-time Counselor/Diabetic Educator.
SP 04	Golden Valley Health Centers	Stanislaus & Merced	Medical Outreach Mobile for Migrant and Seasonal Farmer Worker Populations.
SP 06	Alliance Medical Center	Sonoma	Bilingual primary preventive care and bilingual mental health for children of migrant farm workers.
SP 09	Communi-Care Health Center	Yolo	Knights Landing-Chronic disease management and health education (diabetes, obesity, asthma, and hypertension) expanded access for migrant farm worker's children.
SP 50	Family Healthcare Network	Tulare	Obesity prevention, behavioral and mental health services for migrant and seasonal farm worker youth (the project will target youth ages 6-19, to help prevent obesity and the subsequent chronic conditions that disproportionately affect low-income and migrant seasonal farm worker families due to obesity).
SP 51	Winter Healthcare Clinic	Yolo	Community outreach for HFP members through Promotoras for asthma and diabetes education/prevention (improve access to health care services using a two-prong approach: (1) develop a community outreach program using a Promotora to help more children and families access the Winter Healthcare Foundation; and (2) provide eligibility services staff at the clinic).
SP 52	Tulare County Health & Human Services Agency	Tulare	Increase access for the migrant/farm worker population by adding an additional 0.5 FTE Family Practice Physician. Adding an additional service day for the Farmersville Health clinic from 9:00a.m.-2:00 p.m. on Saturday.
SP 60	Sequoia Community Health Foundation	Fresno	The project will expand its current continuity of care program by hiring a Pediatrician dedicated to the Children's Center in Elm to see patients during non-traditional work week hours. This will help reduce health disparities and improve continuity of care.

Health Net			
GA 02	Golden Valley Health Centers	Stanislaus	Provide medical services in Patterson, Westley and Newman by adding 0.2 MD to extend hours at existing location in Newman. Provide 0.2 MD to open a facility for 8.0 hours on Saturdays. Provide a minimum of 3,200 additional medical visits.
GA 03	Kings County Dept. of Public Health	Kings	Provide diabetes/obesity education and case management to children of low-income families throughout Kings County.
GA 04	Galt Medical Center	Sacramento	Increase access to well-care and preventative health services and improve the health status of children from low-income, underserved, and uninsured migrant and seasonal farm worker families by hiring 1.0 FTE Nurse Practitioner and 1.0 FTE Medical Assistant.

Project ID	Plan Partner	County	Project Description
<b>Health Plan of San Joaquin</b>			
SP 01	Healthy Hearts Project	San Joaquin	Nutrition, health education, exercise regiment and mental health school based program.
March 1, 2004 - June 30, 2005			
<b>Delta Dental</b>			
SP 08	Darin Camarena Health Centers	Madera	Provide dental services to children of migrant and seasonal farm workers and other low-income children. Funding for 0.5 Dentist, 0.5 RDA, and 0.5 Dental Educator.
SP 09	Del Norte Clinics, Inc.	Butte, Colusa, Glenn, Sutter & Yuba	Provide oral screenings, restorative & urgent care for migrant children at 15 schools in five counties by adding 1 Dentist and 1 RDA part time staff for mobile.
SP 11	Fresno County Children's Mobile Dental Program	Fresno	Provide mobile dental services in underserved rural locations of Fresno County. Will add 0.75 FTE Dentist. Mobile van is equipped with chair left to accommodate disabled children.
SP 13	Happy Smiles Mobile Dental Clinic	Riverside Corona & San Brndo.	Funding for additional staff, 1 Dentist 2 days/week, 2 DAs, and 1 driver.
SP 14	Healthy Smiles Mobile Dental	Fresno, Merced	Provide dental services to children of migrant and seasonal farm workers in Fresno and Merced Counties by adding 1 RDA, 1 Dentist, funding includes non-reusable dental supplies.
SP 15	Kern County Children's Dental Health Network	Kern	Provide comprehensive dental services to migrant and seasonal farm workers. Project will work with medical community and with Taft college dental hygiene program.
SP 16	La Maestra Family Dental Clinic	San Diego	Improve oral health access to migrant seasonal farm worker and special needs children of Rural El Cajon. Funding for 0.5 Dentist, 0.5 RDA and 0.5 DA.
GA 01	Anderson Valley Health Center	Mndcno.	Project would increase hrs. of operation by 1 day per week. Funding for 1 Dentist, 1 RDA, preventive dental educator for 1 day per week. Clinic will provide services 3 days per week.
GA 02	Avenal Community Health Center	Kings	Increase availability and access to dental services by adding 1 Dentist and 1 DA.
GA 04	Clinica Sierra Vista	Kern	Mobile dental unit to address growing dental needs of geographically isolated areas.
GA 05	Copper Tower Family Medical Center	Northern Sonoma	Funding to re-open the dental clinic and add 0.5 FTE Dentist and 0.5 FTE DA.
GA 06	Eastern Plumas Health Care District	Eastern Plumas	Funding for 0.5 FTE Dentist and 0.5 FTE DA to increase dental services in the area.
GA 08	Mendocino Coast Clinics	Mndcno.	Funding for 1 Dentist, 1 RDH, 1 RDA, and 1 DA to increase services and develop a screening/hygiene instruction program for children.
GA 11	Northeastern Rural Health Clinics	Lassen	Funding for 1 Dentist and 1 RDA, 5 days per month with minimal supplies.

Project ID	Plan Partner	County	Project Description
GA 12	Open Door Community Health Centers	Humboldt & Del Norte	Provide mobile dental services to isolated areas in Del Norte and Humboldt Counties.
GA 13	Potter Valley Community Health Center	Lake & Mendocino	Increase dental services to more children and reduce waiting period by adding 1 additional day of dental services (1 Dentist 1 day per week) and dental supplies.
GA 15	Shasta Community Health Center	Shasta	Mobile van dental services in rural Shasta County. Project will provide comprehensive dental care to children ages 6-18 in areas where Oral Health Demo. Projects (OHDP) are in effect and children 1-18 in areas where no other services are available.
GA 18	Southern Trinity Health Service	Humboldt & Trinity	Project funds 0.2 FTE Dentist and 0.2 FTE DA to address growing access needs of geographically isolated frontier area. Project will work with schools.
<b>Blue Cross</b>			
GA 02	Northern Sierra Rural Health Network	Various	Continuing support for telemedicine network to provide access to specialty care.
GA 05	Golden Valley Health Centers	Stanislaus	Medical Outreach Mobile with funding for 1 FNP, 1 MA, and 1 driver.
GA 06	Hill Country Community	Shasta	Maternal and Child Health Care Services. Will provide primary care prevention and treatment for young children. Will add physician 16 hours per week.
GA 07	Northeastern Rural Health Clinics, Inc.	Lassen Plumas	Expansion of medical services in Westwood. Funding for 0.25 FTE PCP, 0.25 FTE LVN and 0.05 FTE LVN for OB.
GA 09	Avenal Community Health Center	Kings	Currently there are no pediatricians in Lemoore, CA. Project will add 0.5 FTE Pediatrician, and clinic will pay the other 0.5 FTE.
GA 11	Coppertown Family Medical	Sonoma	Childhood obesity prevention & nutritional counseling program.
GA 12	National Health Services, Inc	Kern	Extended hours of services on Saturdays in the Shafter/Taft Area.
GA 13	Neighborhood Healthcare	San Diego	Telemetry Medicine at Neighborhood Healthcare – Mountain Valleys. Funding for 0.2 FTE Physician.
GA 15	Blue Cross of California Telemedicine Program Providers	Statewide	Telemedicine Program: continued operational support for 25 telemedicine sites.
GA 18	Blue Cross of California and selected clinics	San Benito San Luis Obispo	Telemedicine Program: proposed expansion to Central California to provide increased access to specialists. Will add 2 stations; 1 in San Benito and 1 in San Luis Obispo.
GA 19	Blue Cross of California and selected clinics	Imperial Riverside San Bernardino	Telemedicine Program: proposed expansion in Southern California. Will add 3 stations in San Bernardino, Riverside, and Imperial Counties to provide increased access to specialists.
SP 03	CommuniCare Health Centers	Yolo	Increased medical access at Salud Clinic through extended clinic hours Project serves migrant seasonal farm workers.

Project ID	Plan Partner	County	Project Description
SP 04	Health Valley Medical Group	Kings	Kings County Diabetes Detection, Prevention and Nutrition Education Project. Will add 1 day p/m for Endocrinologist, 1 FTE Home Health Educator, 0.4 FTE Dietician, mileage, supplies and educational materials.
SP 05	Santa Lucia Medical Group	Monterey San-Benito Santa-Cruz	Monitoring and management of obesity and related illnesses for migrant seasonal farm workers, will add 2 additional clinic hrs. 1 physician, 1 RN, 1 PA for Health Ed and nutrition counseling.
SP 07	Alta Family Clinic, Inc. (AFHC)	Tulare	Expands access to pediatric care to migrant seasonal farm workers. Clinic will fund 0.5 FTE Pediatrician.
<b>Access Dental</b>			
GA 01	Merced Co. Office of Ed.	Merced	Mobile dental van & case management/provider placement. Project will provide comprehensive dental services to children 6-18 years of age and will work with Elementary and Junior High School students.
GA 02	Stanislaus Co. Office of Ed	Stanislaus	Mobile dental van & case management/provider placement. Project will serve rural areas of Stanislaus county and will provide services to children 1-18 years of age. Project will also work with Elementary and Junior High School students.
<b>Premier Access</b>			
GA 01	Butte Co. Office of Ed.	Butte	Mobile dental van, case management and provider placement. Plan will work with Butte County Elementary and Junior and Senior High Schools and will offer comprehensive dental services in rural areas of Butte County to children ages 1-18.
<b>Health Plan of San Joaquin</b>			
SP 01	Delta Health Care	San Joaquin County	HPSJ will partner with Delta Health Care to provide obesity counseling, nutrition education and mental health services to a selected group of HFP children. Project includes follow up and a project evaluation component.
<b>Inland Empire Health Plan</b>			
GA 01	Existing and New HFP providers in the network	San Bernardino Riverside	Inland Empire Health Plan (IEHP) will offer a rate enhancement to existing and new providers joining the EIHP network. The rate enhancement will be paid to providers in Rural areas of San Bernardino and Riverside counties.

FY 2001 - FY 2003

<b>Delta Dental</b>			
GA 01	HFP Rural Dental Providers	31 Counties	Dental rate enhancement to dental providers in 31 rural counties to accommodate the increase costs in rural areas, and increase the provider network in rural areas.
GA 02	Anderson Valley Health Center	Mndcno.	Additional dental staff (part time Dentist, Hygienist, and RDA) and supplies to establish a new dental clinic in Mendocino County.

Project ID	Plan Partner	County	Project Description
GA 03	Canby Fam. Practice Modoc Medical Ctr.	Modoc	Dental Hygienist, RDA and supplies to expand services at Canby Fam. Pract. & Modoc Med. Ctr. (dental services include oral surgery).
GA 04	Hill Country Clinic	Shasta	Add 1 day of service per week (includes: part-time dental staff, supplies & lab services).
GA 05	Mammoth Hospital	Mono/ Inyo	Increase access to dental care for HFP children of Mono & Inyo counties by adding 1 FTE Dentist. Funding includes disposable supplies.
GA 08	Potter Valley Community Health Center	Mndcno. & Lake	Two Dentists 2 days/month to expand access to services in Potter Valley.
GA 09	Redwoods Rural Health Center	Humboldt, Trinity & Mndcno.	One full time Dentist & supplies to expand services in Southern Humboldt County, Trinity & Mendocino counties.
GA 12	Southern Trinity Health Services	Humboldt & Trinity	Expand mobile dental services.
GA 14	West County Health Center	Sonoma	Extended hours, evenings & Sat. by adding dental staff (part time Dentist & RDA). Add 20 hrs of clinical services per week to accommodate increased demand for services at the Russian River site in Guerneville.
GA 16	Healthy Smiles, Tooth Mobile & USC	19 Counties	Thirty week-long visits to 19-26 counties by mobile dental clinics to predetermined locations in each county.
SP 01	Multiple Providers	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for Special Populations, for seamless coverage throughout the state.
SP 02	Alliance Medical Center	Sonoma	Dental staff to expand services and reduce waiting period from 3 months to shorter period. Addition of: 1 Dentist, 1 RDA, 1 Dental Assistant, & supplies.
SP 03	Avenal Community Health Center	Kings	Dental staff to increase services provided in Avenal. Funding provided for 1 Dentist, 1 Registered Dental Assistant, 1 Dental Assistant & disposable supplies.
SP 04	Central California Dental Surgicenter	Merced San Joaquin Madera Calaveras & Tuolumne	Extended hours for pediatric surgical services. Clinic will be open on Saturdays.
SP 05	Children's Mobile Dental Program	Fresno	Children's Mobile Dental Program.
SP 07	Consolidated Tribal Health Project	Mndcno. Lake & Sonoma	Dental screening & referral for Native American Indians in Mendocino County. Dental Hygienist will visit each tribal community to do screening and refer patients for treatment (1 FTE DH & supplies).
SP 08	Darin Camarena Health Centers	Madera	Dental staff to expand services in Madera County. Includes 1 Registered Dental Assistant for expanded clinic facilities.
SP 09	Dientes! Community Dental Clinic	Santa Cruz	Provide dental services at elementary and middle schools in Santa Cruz County.
SP 10	Elliot School Health Center	Santa Clara	Dental staff to expand services at school-based dental clinic in Gilroy - Staffing includes Dentist, Dental Hygienist and a Registered Dental Assistant.
SP 12	Family HealthCare Network	Tulare	Dental staff to expand services at the Cutler-Orosi site in Tulare County.

Project ID	Plan Partner	County	Project Description
SP 13	M.A.C.T Dental Clinic	Mariposa Amador Calaveras & Tuolumne	Dental staff to expand services for American Indians & other HFP members in Mariposa, Amador, Calaveras and Tuolumne counties.
SP 14	Padre Dental Clinic	San Diego	Dental staff to support a school-based dental clinic in San Diego County.
SP 18	United Health Centers	Tulare	Additional of one full time Dentist to expand services for migrant seasonal farm workers and other HFP members at United Health Centers in Tulare County.
SP 19	United Indian Health Services	Humboldt & Del Norte	Dental staff to expand services in Humboldt and Del Norte Counties via a mobile.
<b>Blue Cross</b>			
SP 01	Multiple Providers	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for Special Populations, for seamless coverage throughout the state.
SP 08	Catholic Health Care West	Kern	"Health to Home" grant to provide in-home health education to combat chronic diseases i.e. asthma, juvenile diabetes, etc.
SP 10	Sacramento Urban Indian Health Project Inc.	Sacramento	Develop diabetes and health education program - 1 FTE Health Educator/RN, 1 Public Health Nurse, and materials.
SP 13	Mariposa Amador Calaveras & Tuolumne (M.A.C.T) Health Board	Tuolumne	Increase access to primary care. Addition of 1 FTE PCP to accommodate growing need for medical care for Native American population in the area.
SP 17	Central Valley General Hosp./Kings Health Mobile Services	Kings	Initiate weekly mobile health services in Huron (staffing, mobile maintenance and medical supplies).
SP 19	Santa Paula Memorial Hospital	Ventura	Develop health education, nutrition and diabetes prevention program.
SP 20	Samuel Dixon Family Health Center, Inc.	Ventura	Mobile primary care, immunization services. Part time RN, MA & Health Worker, also funds for lab and supplies.
SP 24	Consolidated Tribal Health Project, Inc.	Mndcno.	Increase access to primary care by hiring 1 FTE LVN to conduct well-child exams & general visits for HFP members.
SP 26	Community Medical Centers	San Joaquin	Provide children's health screening, referrals, health education and medical services at local schools and migrant farm worker housing. Part time staff include: a mid level provider, MA and Health Educator.
SP 34	Pediatric Partners	Riverside	Expand clinic hours by adding evening & full-day Saturday & Sunday hours - 0.5 FTE Pediatrician, 0.5 FTE LVN to increase access to MSFW and A/I children.
SP 35	Selma Community Hospital	Fresno	Nutritional counseling & health education for obese and diabetic children. A part time RN will provide classes or individual counseling for HFP members & their families.
GA 01	Coming Med. Assoc. Inc.	Glenn/ Tehama	Expand services - Addition of staff time for PA, RN, and Registered Dietician.
GA 05	North Co. Health Serve	San Diego	Increase provider hours - 0.2 FTE Pediatrician, 0.2 Family Practitioner, and 0.4FTE Medical Asst.

Project ID	Plan Partner	County	Project Description
GA 06	Cal City	Kern	Expand clinic hours - 0.45 FTE Family Physician & 1 FTE Medical Asst.
GA 07	Stanislaus Co. Health	Stanislaus	Expand existing telemedicine capabilities through part-time Site Coordinator funding and additional medical devices
GA 10	Alliance Med. Center	Sonoma	Expand hours one night per week and increase mental health, pediatric and nutritional education services
GA 11	Various	Various	Telemedicine: continuing support for previously-funded from-scratch sites
GA 12	Northern Sierra	Various	Continued telemedicine support for existing sites (tech support, warranties & licensing) & partial funding for 5 new sites
GA 15	Borrego Med. Center	San Diego	Expand clinic hours two nights per week and half day Saturday.
GA 17	Eureka Pediatrics/ Redwood CHC	Humboldt	Provide pediatric specialty services - Pediatric Specialty Healthcare Provider & Pediatric Medical Asst. - 360 hours each
GA 20	Humboldt Open Door Clinic	Humboldt	Establish & maintain biweekly Saturday clinic hours, expand pediatric services - part time Pediatrician, Med. Asst., and Pediatric NP.
GA 21	Del Norte Comm. Health Ctr.	Del Norte	Expand access to preventative care - 0.5 FTE midlevel practitioner, 0.1 FTE Pediatrician, and 0.6 FTE MA.
GA 22	Sage Comm.	Kern	Continuation of mobile medical services - part time midlevel provider, and part time MA.
GA 25	Del Norte Clinics	Butte Sutter Glenn Colusa	Add Saturday hours at five clinics - Includes partial salaries for provider and nurses.
GA 27	Copper Towers	Sonoma	Expand clinic hours including Saturday hours - 0.5 FTE Physician, 0.2 FTE Psychologist, and 0.2 MFCC.
GA 28	Lindsay Urgen Care	Tulare	Increase services by adding 2 hours/weekday & open 4 hours on Sunday.
GA 34	Sonoma Valley (Mental Health)	Sonoma	Add mental health svcs - 0.1 FTE Psychiatrist, 0.5 FTE Clinical Psychologist, 0.25 FTE LCSW, and materials.
GA 36	Health Valley Med. Group	Kings	Fund 0.4 FTE of a new Family Practioner.
GA 37	Madera Family Medical	Madera	Expand weekend and evening hours - 0.5 FTE RNP & 0.4FTE Pediatrician.
<b>Health Net</b>			
SP 01	Family HealthCare Network	Tulare	FHNC will increase access to pediatric services. Addition of Pediatrician, will work out of the Visalia site and rotate weekly to the smaller clinics of Ivanhoe, Cutler-Orosi and Woodlake.
<b>Inland Empire Health Plan</b>			
GA 01	Various	Riverside San Bernar-dino	Rate enhancement to increase network.
<b>Premier Access</b>			
GA 01	Premier Access	33 Counties	Mobile dental services.
<b>Santa Barbara Regional Health Authority</b>			
SP 01	American Indian Health Services	Santa Barbara	American Indian Health Services will expand hours to serve American Indians/Alaskan Natives. Funding for extended hours includes additional provider staff hours only.
<b>Health Plan of San Joaquin</b>			

Project ID	Plan Partner	County	Project Description
SP 01	Community Medical Centers	San Joaquin	CMC will provide bilingual Health education, disease prevention, immunizations, dental health screenings, sealants, dental referrals, physical exams, health risk assessments, and follow-up care at clinics.

FY 2000 - FY 2001

Sharp Health Plan			
GA 01	Southern Health Services	San Diego	Increase access by adding 1 FTE PA, 1 X-ray tech, and 2.8 FTE Med Asst/LVN.
Health Plan of San Joaquin			
SP 01	Community Medical Centers	San Joaquin	CMC will provide bilingual Health education, disease prevention, immunizations, dental health screenings, sealants, dental referrals, physical exams, health risk assessments, and follow-up care at clinics.
Santa Barbara Regional Health Authority			
SP 01	American Indian Health Services	Santa Barbara	American Indian Health Services will expand hours to serve American Indians/Alaskan Natives. Funding for extended hours includes additional provider staff hours only.
Delta Dental			
SP 01	All providers in the Delta Dental HFP network.	All Counties Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.
SP 02	Alliance Medical Center	Sonoma	Additional DDS, RDA, Dental Assistant to expand hours, to reduce waiting time and increase access. Will provide full clinic on Saturday, and will work with local school at Healdsburg, Geyserville and Alexander Valley. Will provide transportation to clinic for scheduled appointments.
SP 03	Clinica Sierra Vista	Kern	Additional Dentist & Dental Assistant to Support Mobile Dental Van. The van will provide services at migrant camps, school and homeless shelters.
SP 04	Clinicas del Camino Real	Ventura	Addition 1 FTE Dentist, 1 FTE Registered Dental Assistant and 2 FTE Dental Assistants to expand Services at the Filmore Clinic.
SP 05	Clinica De Salud del Valle De Salinas	Monterey	Additional 1/2 Dentist & 1/2 Dental Assistant and Transportation van. Clinic will add 2 hrs. on Wed. and on Sat.
SP 06	Clinicas de Salud del Pueblo, Inc.	Imperial	Additional Dentist & Registered Dental Assistant & Driver to Support Mobile Dental Van.
SP 09	La Maestra Family Clinic	San Diego	Addition of 1 DDS, 1 Registered Dental Assistant & Hygienist to establish a new dental clinic.
SP 12	Salud Para la Gente, Inc.	Santa Cruz & Monterey	Addition of Dentist & Registered Dental Assistant to establish a new dental clinic. The clinic also has a medical component, patients have a need for dental care, will serve the Pajaro Valley.
SP 15	Valley Health Team	Fresno	Addition of Dentist, Registered Dental Assistant & Dental Assistant to staff new Mobile Dental Van.
SP 16	Communicare Health Center	Yolo	Addition of one full day of service per week to the community of Esparto in Yolo County. Funding will add 1 full day of service per/week.
SP 17	Copper Tower	Sonoma	Addition of .5 FTE DDS and .5 FTE Dental Assist to extend weekday and weekend hours.
GA 01	Individual Local Dental Providers	31 Rural Counties	Enhanced rates to Dentist in 31 rural counties.

Project ID	Plan Partner	County	Project Description
GA 06	Healthy Smiles Mobile Dental	Colusa Kings Madera Mariposa San Benito & San Luis Obispo	Dental services through a mobile dental unit in a six county area.
GA 09	Mendocino Community Health/ Lakeside Clinics	Lake	Additional 0.5 FTE Dentist for Expanded Dental Services in Lake county.
GA 10	Open Door Community Clinic	Del Norte & Humbolt	Additional dental staff for school based mobile van.
GA 13	Southern Trinity Health Services	Trinity & Humbolt	Additional dental staff for school based mobile van.
GA 14	Tuolumne Family Health Services	Tuolumne	Increased dental access.
GA 15	University of Southern California (USC)	Amador Alpine Calaveras Imperial Lake Shasta Siskiyou Tuolumne Tehama & Trinity	Dental services provided in rural areas through a mobile dental unit in a 10 county area. Ten visits scheduled each for up to a week.
GA 16	Dental Task Force/ Rideout Health Group	Sutter & Yuba	Portable Dental Equipment to Expand Dental Services provided in 5 Schools: April Lane & Park Ave school in Sutter co. & Couvilland, Cedar Lane & Bridge Street Schools in Yuba co. One month visits to each school.
GA 17	Tooth Mobile	Butte Glenn Inyo Lassen Mndcno. Modoc Mono Plumas Sierra Sutter & Yuba	Dental services provided in rural areas through a mobile dental unit in 11 county area. Thirteen visits scheduled each for up to a week.
<b>Blue Cross</b>			
SP 01	All Providers in the Blue Cross EPO HFP network.	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.

Project ID	Plan Partner	County	Project Description
SP 03	Alta Family Health Clinic Inc	Tulare	Expansion of office capabilities by adding 1 FTE Pediatrician and 2 FTE Medical Assistants.
SP 04	Sequoia Family Medical Center	Tulare	Expand clinic hours by adding 1 hour per day, 7 days a week (including holidays).
SP 05	Health Valley Medical Group	Kings	Provide additional medical services through the addition of 1 FTE Physician.
SP 06	Tulare Community Health Clinic Inc	Tulare Fresno Kern & Kings	Funding to provide .4 FTE Family Practice Physician and 0.4 FTE Nurse Practitioner.
SP 07	Avenal Community Health Center	Kings	Provide additional medical services through the addition of 1 FTE Family Practice Physician.
SP 09	Del Norte Clinics, Inc.	Butte Colusa Glenn Sutter & Yuba	Addition of 1 FTE Nurse Practitioner and staffing for a Mobile Health Center van to provide medical services in a 5 county region at farm worker housing sites and schools.
SP 10	Adventist Health-Hanford Community Medical Center (Kings Rural Health Mobile Clinic	Kings	Addition of .2 FTE Mid level provider, 0.2 FTE LVN and medical assistant for a mobile health clinic van to provide medical services in one additional day per week.
SP 11	"Salud en El Hogar"/Health to Home (CHW Central California)	Kern & Tulare	"Salud en El Hogar" (Health to Home); Hiring of a bilingual health educator & assistant to conduct health education home visits at migrant housing sites.
SP 13	Samuel Dixon Health Center	Los Angeles	Conduct health education/health screenings at migrant camps. Make referrals to the Samuel Dixon Clinic for treatment and follow-up as needed.
SP 14	Santa Lucia Medical Group, Inc.	Monterey	Extension of clinic hours by adding 4.5 hour per day Mon-Friday and 4.5 hrs. on Saturday.
SP 18	Sablan Medical Clinic	Fresno	Additional clinic hours.
SP 19	Puente a La Salud Mobile Community Clinic	Orange	Additional physician services for mobile health clinic to serve the communities of Santa Ana & Orange. Services will be available at pre-arranged school sites 3 days per week.
SP 22	Northeastern Rural Health Clinic, Inc.	Lassen & Plumas	Funding to provide additional 0.75 FTE Nurse practitioner, 0.75 FTE LVN and 54 chiropractic visits a month at the Susanville site and 0.5 FTE Nurse practitioner and 0.5 LVN at the Westwood site.
SP 26	Stanislaus County Health Services Agency	Stanislaus	Funding for transportation van to transport rural residents to the County health department and 8 county clinics. Will serve the cities of Ceres, Modesto, Hughson and Turlock.

Project ID	Plan Partner	County	Project Description
GA 01	Blue Cross of California, Community Clinics, Hospitals and Medical Groups	25 Counties	Accessibility of Telemedicine availability in 25 counties to the HFP subscribers in rural areas (through continued support of the HFP Telemedicine network).
GA 02	Northern Sierra Rural Health Network	Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Yuba	Accessibility of Telemedicine availability in 8 counties in the NSRHN to the HFP subscribers in rural areas (through continued support of the NSRHN Telemedicine network).
GA 07	Shasta Community Health Center	Shasta Lassen Modoc Trinity Tehama Siskiyou	Provide child psychiatric services (16 hours per week) & telemedicine child psychiatric services.
GA 09	Hill Country Community Clinic	Shasta	Funding for 0.2 FTE Family Physician/Acupuncturist and 0.2 FTE Nurse Assistant.
GA 13	Hill Country Community Clinic	Shasta	Addition of 0.3 FTE licensed Children and Family Counselor provider.
GA 15	McCloud Healthcare Clinic	Siskiyou	Initiate primary care and mental health services through addition of 0.2 FTE Pediatric Nurse Practitioner, 0.2 FTE MFCC Adolescent specialty, and 0.1 FTE medical provider.
GA 16	Sage Community Health Center	Kern	Expansion of office hours by 22 hrs per week. Will add mid-level provider to cover extra hrs.
GA 26	Shasta Community Health Center (dba Anderson Family Health Center)	Shasta Lassen Modoc Trinity Tehama Siskiyou	Additional medical staff of 1 FTE Family Nurse Practitioner and 1 FTE LVN for the community of Anderson.

FY 1999-2000

Delta Dental			
SP02	San Benito Health Foundation Dental Clinic	San Benito	Expand clinic hours 2 days/week.
SP 04	Clinica Sierra Vista	Kern	Additional full time Dentist and Dental Assistant to provide services to children at the clinic sites and the mobile dental van.

Project ID	Plan Partner	County	Project Description
SP 05	Copper Towers Family Medical Center	Sonoma	Additional dental staff and hours.
SP 06	Del Norte Clinics	Glenn	Additional full time Dentist and 0.25 Dental Assistant and additional weekday and weekend hours.
SP 07	Dientes Community Dental Clinic	Santa Cruz	Expand clinic hours 1 additional day per week at each North & South county clinic; dental education provided at labor camp and mobile home park 2 days a week.
SP 08	Healthy Smiles Mobile Dental Services	Fresno Madera Mariposa & Merced	Addition of 5 days per month of dental services provided through mobile unit (includes additional .25 dental assistant).
SP 10	Toiyabe Indian Health Project, Inc.	Inyo	Additional 0.5 Dentist, 0.5 Dental Hygienist, and 0.5 Dental Assistant.
SP 12	Family Healthcare Network	Tulare	Additional 2 Dentists and 3 Dental Assistants in Visalia site to double hours of operation for subscribers.
SP 13	National Health Services	Kern	Additional Dentist, 2 Dental Assistants, Health Educator, and expansion of clinic hours of operation 2 weekdays (or weekend) every other week.
SP 14	Valley Health Team	Fresno	Provide dental services using a mobile dental van. Services to be provided at locations more accessible to subscribers such as schools, youth centers, churches and other community based organizations.
SP 16	Golden Valley Health Centers	Merced Stanislaus	Increase clinic service hours at 3 sites by 936 hours with the addition of 1.2 Dentist, 1.8 Dental Assistants and 1.5 Dental Hygienists.
SP 17	Clinica De Salud	Imperial Riverside	Provide primary and preventive dental care using a mobile dental van.
GA 01	Individual Local Dentists	31 Counties	Rate enhancements paid to Dentists in 31 rural counties to increase the number of participating dentists available to rural subscribers.
GA 04	Eastern Plumas Health Care	Plumas	Addition of 0.2 Dentist, 0.2 Dental Hygienist and 0.2 Dental Assistant.
GA 05	Open Door Community Health Centers	Humboldt & Del Norte	Provide dental services using a mobile dental van. Services to be provided at locations more accessible to subscribers such as at school sites.
GA 07	Mendocino Coast Clinics	Mndcno.	Addition of 0.2 Dentist, 0.6 Dental Hygienist and part time Dental Assistant.
GA 08	Shasta Community Health Center	Shasta	Addition of 0.6 Dentist, full time Dental Assistant and 0.4 Office Assistant.
GA 09	Big Valley Medical Center/ Northern Rural Health Clinics, Inc.	Lassen & Modoc	Addition of full time Dentist, Dental Assistant, and part time Dental Receptionist.
GA 10	Southern Trinity Health Services	Humboldt Trinity	15 mobile dental visits in one year for dental screening, cleanings and education to five outlying towns in Humboldt and Trinity counties.

Project ID	Plan Partner	County	Project Description
GA 11	"Tooth Mobile" Dentistry in Motion	El Dorado Lassen Modoc Mono Nevada San-Luis-Obispo Sierra & Siskiyou	Ongoing mobile dental visits in rural counties throughout the year. Staff include: 1 Dentist, 1 Dental Assistant, and 1 Dental Hygienist.
GA & SP	All Providers in the Delta Dental	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.
<b>Blue Cross</b>			
GA 01	Pediatric Pulmonary Clinic	Statewide	Provide specialty pulmonary services for HFP children 0-19.
GA 02	Telemedicine Network	Fresno Humboldt Kern Madera Stanislaus Tulare Tuolumne	Provide specialty care access via the Telemedicine Network.
GA 03	Northern Sierra Rural Health	Lassen Modoc Plumas Shasta	Increased medical access.
GA 04	Mendocino Coast Clinics	Mendocino	Additional medical staff.
GA 05	Hill Country Community Clinic	Shasta	Increased primary care.
GA 06	Family HealthCare Network	Tulare	Increased primary care.
GA 07	Family HealthCare Network	Tulare	Increased primary care.
SP 01	Sablan Medical Clinic	Fresno Merced Tulare	Increased medical access.
SP 02	Henry Mayo Newell Memorial Hosp.	Kern, L.A. Ventura	Increased medical access.
SP 03	Samuel Dixon Family Health Center, Inc.	L.A.	
SP 04	La Maestra Family Clinic	San Diego	Increased medical access.
SP 05	Alliance Medical Center	Sonoma	Increased medical access.

Project ID	Plan Partner	County	Project Description
SP & GA	All Providers in the Blue Cross EPO HFP network.	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.
<b>Premier Access</b>			
GA 01	Individual Local Dentists	25 Counties	Mobile dental services.
<b>Access Dental</b>			
GA 01	Individual Local Dentists	5 Counties	Mobile dental services.
<b>Health Plan of San Joaquin</b>			
SP 01	Community Medical Centers	San Joaquin	CMC will provide bilingual Health education, disease prevention, immunizations, dental health screenings, sealants, dental referrals, physical exams, health risk assessments, and follow-up care at clinics.

FY 1998-1999

<b>Delta Dental</b>			
GA 01	Alliance Medical Center Dental Operation	Sonoma	Expand services by adding 3 additional days per week (includes: additional Dentist and Dental Assistant).
GA 04	Del Norte Clinics, Inc.	Sutter	Additional full time dental hygienist.
GA 07	Family Healthcare Network	Tulare	Expand dental clinic operations through additional operatories and expansion of number of children able to be seen.
GA 08	Family Healthcare Network	Tulare	Facilitate new dental clinic in Visalia with six additional operatories for the two Dentists and dental staff.
GA 12	Golden Valley Health Centers	Merced	Additional 10 hours of dental services during week days and 10 hours during weekends from additional Dentist and Dental Assistant.
GA 13	Golden Valley Health Centers	Merced	Additional 10 hours of dental services during week days and 10 hours during weekends from additional Dentist and Dental Assistant.
GA 14	Golden Valley Health Centers	Stanislaus	Additional 10 hours of dental services during week days and 10 hours during weekends from additional Dentist and Dental Assistant.
GA 15	Golden Valley Health Centers	Merced & Stanislaus	Addition of a Pedodontist to travel between three dental clinics in Merced and Stanislaus counties.
GA 18	Open Door Community Health Centers	Humboldt Trinity Del Norte	Additional 2 days of visits per week to school sites to provide dental screenings.
GA 22	Valley Health Team, Inc., San Joaquin Health Center	Fresno	Addition of 1/2 time Dentist and 1/2 time Dental Assistant in the clinic.
GA 25	United Health Centers	Fresno	Addition of 1/2 time Dentist and 1/2 time Dental Assistant in the clinic.
GA AA	University of Southern California & Healthy Smiles Program Mobile Clinics	15 Rural Counties	18 Mobile dental van visits for two to seven days each in 15 rural counties. Dental screenings and treatment services provided by 2-5 Dentists.

Project ID	Plan Partner	County	Project Description
GA AB	Individual Local Dentists	31 Rural Counties	Rate enhancements paid to Dentists in 31 rural counties to increase the number of participating providers to rural subscribers.
SP 02	Clinica De Salud Del Pueblo, Inc.	Imperial	Additional fulltime Dentist and Dental Assistant to staff mobile dental van.
SP 25	Clinica Sierra Vista	Kern	New mobile dental van services 5 to 6 days a week throughout the county.
SP 08	National Health Services, Inc.	Kern	Additional Dentist and 2 Dental Assistants, expanded hours 2 evenings and one weekend day.
SP 01	Big Valley Medical Center	Lassen	Expand clinic services by 3 additional days per month.
SP 10	Potter Valley Community Health Center	Mndchn.	Additional part-time Dentist and Dental Assistant, 3 additional days of service per week.
SP 24	Clinica De Salud Del Valle De Salinas	Monterey	Additional 2 full time dental hygienists for 2 sites.
SP 14	Mayers Memorial Hospital	Shasta	Additional part-time Dental Hygienist.
SP 11	Vacaville Community Clinic	Solano	Additional full-time Dentist.
SP 04	Copper Towers Family Medical Center	Sonoma	Add 2 hours during weekday evenings and 4 hours on Saturdays.
SP 05	Family Healthcare Network	Tulare	Portable dental screening provided at farmworker camps.
SP 06	Family Healthcare Network	Tulare	Additional part-time Dentist and Dental Assistant to conduct dental screenings, sealants and education at schools, Healthy Start sites and health fairs.
SP 07	Family Healthcare Network	Tulare	Transportation services from farm labor camps and schools to clinic.
SP 23	Clinicas Del Camino Real	Ventura	Additional full-time Registered Dental Assistant.
SP 03	Community Care Health Centers	Yolo	Additional 3/4 time Dentist and 3/4 time Dental Assistant to provide services at 3 dental sites.
<b>Premier Access</b>			
PA	Individual Local Dentists	22 Rural Counties	Rate enhancements paid to Dentists in 22 rural counties to increase the number of participating dentists available to rural subscribers.
<b>Blue Cross</b>			
GA 01	Telemed Clinic Network	Statewide	General and Specialty Health Services.
SP 04	Darin M Camarena Health Centers	Madera	Start-up funding for full-time pediatrician for 5 months.
SP 06	Family HealthCare Network	Tulare	Additional family practice/pediatric physician services and x-ray tech.

Project ID	Plan Partner	County	Project Description
SP 07	Golden Valley Health Centers	Merced	Expand clinic 4 hours for Saturday services at Dos Palos and Planada clinics.
SP 14	Livingston Medical Group	Merced	Expand clinic services by 572 hours per year by extending Mondays hours to 8:00 p.m. and adding a full 8-hour clinic day on Saturday.
SP 19	National Health Services Inc	Kern	Add regular Saturday hours 9 a.m. to 4 p.m. at the Buttonwillow and Lost Hills facilities. Staff includes a physician and 2 assistants.
SP 26	Sequoia Community Health Foundation	Fresno	Expand clinic hours.
SP 34	Valley Health Team Inc	Fresno	Additional part-time pediatrician and medical assistant.
SP 01	Clinica Sierra Vista	Kern	Expand clinic hours at 3 sites.
SP 05	Del Norte Clinics Inc	Butte Colusa Glenn Sutter & Yuba	Establish Saturday services for 6 hours at 4 clinics.
SP 10	Indian Health Council Inc	San Diego	Additional physician (0.8 FTE) to Puuma Valley and Santa Ysabel clinics.
SP 15	MACT Indian Health	Calaveras	Establish a community clinic in West Point and medical oversight at Sutter Creek.
SP 28	Sonoma County Indian Health Project	Sonoma	Expand office hours 11 days per month with part time physician and licensed vocational nurse.
SP 09	Imperial Valley Health Resource Authority	Imperial	One additional van.
SP 11	Inland Empire Community Health Center Inc	San Diego	Expand clinic services by 676 hours per year.
SP 12	Kern County EOC Family Health Center	Kern	Expand clinic services by 598 hours per year.
SP 23	Puente a la Salud	Orange	Additional half-time family practice nurse and medical assistant to provide additional mobile clinic services on Saturdays and Sundays.
SP 25	Sablan Medical Clinic	Fresno	Expand clinic hours on weekdays and weekends.
SP 27	Sierra Health Center	Stanislaus	Expand clinic hours on weekdays and weekends.
SP 30	Stanislaus County Health Services Agency	Stanislaus	522 hours of the mobile medical unit, 2 weekday evenings at schools and Saturdays at migrant camps.
SP 01	All Providers in the Blue Cross EPO HFP network.	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.
GA & SP	All Providers in the Blue Cross EPO HFP network.	Statewide	Statewide product offering of Blue Cross EPO, Delta Dental and VSP for special populations for seamless coverage throughout the state.